

The 2001 Cancer Conference

Using Science to Build Comprehensive Cancer Programs

CONFERENCE ABSTRACTS

Abstract No.: 1001 (POSTER #33)

Missouri Cancer Consortium

Authors: Cowan, Stanley R.; Ronan, Marianne

Session Objective: Participants will understand steps in establishing a cancer consortium in their state with little financial resources.

Program Purpose: The consortium will reduce the burden of cancer and promote comprehensive cancer control activities and policies statewide.

Assessment of Need: Cancer is the second leading cause of death in Missouri. However, no federal and little state funding is dedicated to comprehensive cancer control. Missouri exceeds national incidence and mortality rates for overall cancer, as well as for lung and colorectal cancers. Missouri ranks 6th highest for adults, and 2nd highest for school students who smoke cigarettes. Missouri's adult population ranks 10th highest as overweight and 9th highest for eating less than five servings of vegetables per day.

Strategies: The Centers for Disease Control and Prevention and the American Cancer Society presented a workshop to state cancer control leaders in the ACS Heartland Region showcasing successful strategies from other states with initial minimal resources. Missouri participants began strategic planning, developed bylaws, and investigated resource procurement in less than a year of the workshop.

Evaluation Approach: The measures of success will be:

- 1-creation of a consortium with representative statewide membership.*
- 2-establishment of MCC as recognized leader of an organized effort to effect cancer control in Missouri.*
- 3-development and implementation of cancer control projects.*
- 4-reduction of cancer rates.*

Program Outcomes: The MCC will be recognized entity for channeling of cancer control activities on a statewide basis.

Implications for Practitioners: Knowing that a consortium quickly developed with minimal resources, control agencies in other states can develop their own consortium.

Abstract No.: 1002 (POSTER #27)

Components of a Successful Local Colorectal Cancer Awareness Campaign

Authors: Cowan, Stanley R.; Ronan, Marianne

Session Objective: Participants will learn components of a successful local colorectal cancer awareness campaign with little funding.

Program Purpose: Country citizens were informed about colorectal cancer. Those in risk groups were encouraged to obtain and return a Fecal Occult Blood Test kit. Positive test results were forwarded to the participant's physician for follow up.

Assessment of Need: Colorectal cancer is the second leading cancer for incidence and mortality. Impact from this cancer can be reduced through lifestyle behavior and screening. Local hospital data indicated cases where early diagnosis saves lives.

Strategies: County demographics provided estimates for the scope of disease and size of the at risk population. Free resources from the Centers for Disease Control and Prevention and other sources were utilized. Support was obtained from the county medical society, major employers, civic groups, churches, and local media. Presentations and FOBT kits were made available through a variety of channels.

Evaluation Approach: A pre- and post-survey determined increased awareness. Data were recorded for the number of: presentations and participants; and FOBT kits distributed, returned, and how many were positive.

Program Outcomes: It was anticipated public awareness of colorectal cancer would be increased. It was also hoped that possible colorectal cancer cases may be identified and treatment ensue for FOBT kits that tested positive for hidden blood. In the first year, 728 FOBT kits were distributed with 252 returned (35%) and of those, 11 (45%) were positive.

Implications for Practitioners: Local groups can use existing resources to make an impact on raising cancer control awareness and reducing cancer burden in their communities.

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Abstract No.: 1003 (E8)

Dealing with Media and Citizen Groups Concerning a Cancer Cluster Investigation

Authors: Ronan, Marianne; Cowan, Stanley R.

Session Objective: Participants will be able to anticipate and deal with local concerns about cancer clusters.

Program Purpose: In response to a citizen inquiry about a possible excess of brain cancer in a community, a systematic approach of investigation was followed to objectively determine if a cluster truly existed.

Assessment of Need: Heightened community concern combined with attention from media and local and state elected officials underscored a need for objective evaluation of brain cancer epidemiology.

Strategies: An established written protocol for investigating cancer cluster inquiries was followed. Cooperation and communication with local, state, and federal agencies were essential. Periodic town hall meetings were used to convey information to citizens and media and allow for questions to be publicly answered. Acknowledgement from the inquirer of receipt of reports was assured before public release of reports.

Evaluation Approach: Feedback from the inquirer, the public, elected officials, and governmental agencies were measure of effectiveness. Independent verification of statistical tests by Centers for Disease Control and Prevention to assure accurate calculations and conclusions were made.

Program Outcomes: Accurate determination of the existence of cancer cluster and conveying this information in a way that would be understandable by the public was expected. The results indicate that for the time period the case studies, no excess brain cancer was evident. Through media releases, news conferences and town hall meetings, the media reported accurate information.

Implications for Practitioners: By assuring adherence to established protocol of objective standards for response and by maintaining communication, accurate information can be provided to inform the public and relieve fears.

Abstract No.: 1004 (POSTER #01)

Cigarette Smoking Habit Canada Cancer Centre Patients

Authors: Steggles, S.; Samant, R.; Malette, M.; Rico, T.; Tucker, T.; Lightfoot, N.; McChesney, C.; Gauthier-Frohlick, D.

Session Objective: At the end of this session, the participants will have a better understanding of the smoking patterns of patients who have attended a Canadian cancer centre.

Purpose: Because cigarette smoking remains a major concern for Canadian cancer centers. The Northeastern Ontario Regional Cancer (NEORCC) decided to evaluate smoking rates among its patients.

Study Design, Population & Setting: The self-reported smoking habits of all patients referred to NEORCC between 1991-1999 inclusive were retrieved from our health records computer database and were analyzed for this study.

Methods of Analysis: The following statistical procedures were used; independent samples t-test, cross tabulation statistics and Chi square tests.

Findings: Smoking history information was available for 15,850 patients, representing 88.9% of all the cancer patients seen during this time period. Of these, 72.7% had smoked at one time; approximately 24.5% were current smokers and 48.2% were previous smokers. Men were more likely than women to have a history of smoking (84.6% vs. 60.8% $p<0.001$) and also smoked more heavily (1.1 packs/day vs. 0.9 packs/day, $p<0.001$). Smoking rates were most strongly associated with Lung and Head & Neck cancers.

Conclusion: Smoking rates remain alarmingly high among our cancer center patients and many continued to smoke even after a diagnosis of cancer was made. Improved strategies aimed at smoking cessation and prevention programs are necessary, and could lead to substantial decreases in certain cancers in the future. These are probably the most important long-term steps required to decrease the morbidity and mortality from smoking related malignancies.

Implications for Cancer Prevention & Early Detection: If we understand more about our patients' smoking patterns, we can better design strategic and targeted preventive programs.

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Abstract No.: 1006 (E1)

Creation and Implementation of the Action Plan On Colorectal Cancer For the State of Texas

Author: Jacobs, Mickey L.

Session Objective: At the end of this presentation, the participant will understand how the Texas Cancer Council (TCC) developed, gained consensus support and sought to implement a colorectal cancer action plan.

Program Purpose: The Action Plan On Colorectal Cancer For the State of Texas identified resources currently available in the state; the recommended areas needing development to reduce the impact of colorectal cancer.

Assessment of Need: Colorectal cancer is the third most common cancer diagnosed and the second leading cause of cancer deaths in Texas. A recent study estimated the cost of colorectal cancer in Texas exceeded \$1.2 billion.

Strategies: In 1999, TCC funded Dr. Bernard Levin (M.D. Anderson) and an advisory committee to create the Action Plan. The Plan was distributed widely among physicians, lawmakers and online. In December 2000, TCC convened a panel of state and national leaders for a Colorectal Cancer Consensus Conference to build support for the Plan. TCC has requested state funds to educate the public and professional community in accordance with the Plan objectives.

Evaluation Approach: Requested state funds will create 4 new community education programs and educate thousands of Texas health care professionals on colorectal cancer prevention and education. The Council reports people directly served, professionals trained and the clock hours of training to the legislature.

Program Outcomes: With additional state funding, TCC will directly serve 21,000 Texans and train 115,700 professionals (16,000 clock hours) during FY 2002 and 2003.

Implications for Practitioners: Practitioners will improve technical skills, increase awareness and improve their knowledge enabling them to better serve their patients.

Abstract No.: 1007 (POSTER #22)

1.800 I'M AWARE Breast Care Helpline: Model to increase awareness and education

Author: Potts, Wendy M.

Session Objectives: After the session, participants will be able to describe how volunteers can be effectively trained as lay health educators and will be able to apply the Helpline model to other health topics and chronic diseases.

Program Purpose: To provide timely and accurate information about breast health and breast cancer.

Assessment of Need: After receiving numerous calls from the public about breast health and breast cancer, the staff identified a need for a toll-free Helpline to more effectively address callers' questions. With an estimated 193,700 people being diagnosed with breast cancer in 2001, there is an ongoing need for accessible breast health and breast cancer information.

Strategies: Callers to the 1.800 I'M AWARE Helpline reach trained volunteers who use facts about disease and treatment to assist callers in a way that motivates thoughtful, confident action. The Helpline operates Monday through Friday, 9:00 a.m. to 4:30 p.m. CST and also provides free educational materials to callers.

Evaluation Approach: Callers requesting educational materials receive a postage-paid evaluation postcard. The card takes two minutes to fill out, collects qualitative information via Likert scales and close-ended questions.

Program Outcomes: Evaluation results are based upon the returned postcards. Last years results indicate volunteer counselors are effective at answering callers' questions (95%) and educational materials are easy to understand (94%). Callers' questions were answered (88%) and almost all callers indicated that they would contact the Helpline again or refer a friend to the Helpline (99%).

Implications for Practitioners: Using volunteers to answer the Helpline is an effective way to spread breast health messages. The Helpline model can be applied to other cancers to spread messages of prevention and early detection.

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Abstract No.: 1008 (E7)

A loss-frame Communication Approach to Increasing Mammography Screening Among Medically Under/Uninsured Women in Florida

Authors: Abood, Doris A.; Mullis, Ann R.

Session Objective: Participants will describe the loss-frame communication strategy and its application to mammography screening.

Program Purpose: Increase mammography screening in the Florida Breast and Cervical Cancer Screening Program ("Program") Through specific loss-frame phone prompts.

Assessment of Need: Currently, the Program is trying to increase the number of women screened in the counties that it serves. Preliminary evaluation of the Program revealed the clients are not engaged in any systematic way, and are treated in a detached or impersonal manner. Collaboration between the researchers and the Program staff resulted in this in-reach pilot project designed to increase mammography screening.

Strategies: Random selection of four health departments. Participants in the Program for both rural and urban settings comprise the experimental and comparisons groups. Experimental group staff was trained in the delivery of messages using the loss-frame approach and is subsequently delivering these messages over the phone to women needing an initial and re-screening mammogram.

Evaluation Approach: Process evaluation is being used to determine if staff is implementing the intervention as prescribed. Unannounced, mock calls have been made but more recently, personal calls to staff appear to be a more effective strategy for monitoring performance and for dealing with problems staff are encountering.

Program Outcomes: The primary outcome will be percentage of mammograms obtained by women in the experimental groups compared to the comparison group receiving the usual clinic procedures.

Independent contributions of group assignment and demographic and breast cancer risk factors will be evaluated. Outcomes to date will be discussed.

Implications for Practitioners: If the loss-frame approach results in more women obtaining mammograms, it will enable more precise communication strategies for increasing breast cancer screening in Florida and similar programs nationwide.

Abstract No.: 1009 (E1)

Communities Against Spit Tobacco: A Model for Community Based Spit Tobacco Intervention

Authors: Holyfield, Lavern; Jones, Daniel; Rankin, K. Vendrell; Shulman, Jay

Session Objective: At the end of this session, participants will have the skills necessary to develop coalitions for community-based spit tobacco (ST) intervention.

Program Purpose: To develop community-based coalitions that implement or reinforce spit tobacco intervention measures throughout Texas.

Assessment of Need: The general population be made aware of the health risks associated with the habitual use of chewing tobacco and snuff (spit tobacco products). CDC's Best Practices for Comprehensive Tobacco Control Programs (1999) notes that community programs aimed at reducing tobacco use should increase the number of organizations and individuals involved in planning and conducting community-level education and training programs.

Strategies: At least one program was conducted per Texas Department of Health region during which health providers, health educators, teachers, coaches and other interested individuals were recruited to participate in or implement ST education measures; or, where applicable, to add ST intervention measures to already existent tobacco prevention/education activities. A "how to" guide for coalition development, PowerPoint presentation, and other materials were provided for their use.

Evaluation Approach: Through a survey at the beginning of each training session, participants reported information regarding ST use in their communities and described their intervention activities. The survey will be repeated within 3-6 months following the completion of the training session for comparison.

Program Outcomes: We anticipate heightened awareness among the population of the dangers associated with ST use resulting in prevention for non-users and a reduction in the number of ST users.

Implications for Practitioners: Community-based efforts such as this can assist the public health practitioner in educating the public about the health risks associated with spit tobacco use, thereby resulting in a decrease in oral and pharyngeal cancers.

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Abstract No.: 1010 (D5)

Case Management in South Carolina: Partnering with Other Community Health Programs for Effective Service Delivery

Author: Clark, Susan F.

Session Objective: At the end of this session, the participants will be able to describe the SC Breast and Cervical Cancer Early Detection Program (BCCEDP) case management system and discuss the advantages of partnering with other community health programs within the state and local health departments.

Program Purpose: To develop and implement a statewide case management service delivery model for the SCBCCEDP utilizing Home Health social workers and a 1-800 phone referral center within the state health department.

Assessment of Need: In years 01-09, 10,283 women screened through BCCEDP required breast or cervical follow up. Of the women screened in year 09, 12% completed final diagnosis 60 days after the breast screening and 20% after cervical screening. The percent that completed treatment 60 days after final diagnosis was 9% and 16% for breast and cervical conditions respectively. The development of a case management component is an early intervention that will offer support services to ensure timely and adequate follow up.

Strategies:

1. Develop agreements between BCCEDP and Home Health (HH) and Care Line for case management services.
2. Hire HH Case Management Coordinator.
3. Develop policies, procedures and documentation.
4. Provide BCCEDP Case Management training for health department and BCCEDP staff.
5. Implement case management referrals statewide by the end of year 10.
6. Evaluate case management efforts and make needed changes by August 15, 2001.

Evaluation Approach: Case management progress will be measured quarterly utilizing benchmarks, MDE reports, customer satisfaction surveys, social work patient record audits and feedback from staff.

Program Outcomes: To assure that women enrolled in the SC BCCEDP receive timely and appropriate diagnostic and treatment services as determined by improvements in the NBCCEDP Program Progress Indicators.

Implications for Practitioners: The utilization of established health department programs is a viable model for the delivery of case management services.

Abstract No.: 1013 (E6)

Graphic Burden of Prostate Cancer in Maryland

Authors: Klassen, A.C.; Curriero, F.; Williams, C.; Kulldorff, M.; Alberg, A.; Ensminger, M.; Meissner, H.

Session Objectives: Participants will be able to describe methods for analyzing geographic patterns of prostate cancer, and discuss possible interpretations of variation in rates of prostate cancer burden, including incidence, aggressive grade, and late stage diagnosis.

Background and Purpose: Substantial variation exists in prostate cancer burden. Overall, African American men experience greater incidence and mortality than white men; however, within both white and black populations, rates vary by geographic area. Additionally, it is not known the extent to which racial pattern are associated with social disparities. Or how social disparities influence geographic patterns of prostate cancer burden. The goal of this research project is to use spatial analyses to explore variation in prostate cancer burden among white and African American in Maryland.

Study Design: A spatial analysis of residential location of cases of prostate cancer, linked to geographic attributes, including census data.

Study Population and Setting: All incident cases of prostate cancer diagnosed during 1992 through 1997 from the Maryland State Cancer Registry (n=24, 189), geocoded by residential address to point (>85%) or zip code location.

Methods of Analysis: Using SatScan software, clusters of low and high rates on incidence, aggressive grade, and late stage diagnosis are being modeled. Next, we are conducting analyses to identify factors influencing these rates.

Findings: Preliminary analyses confirm that significant geographic variation exists in age-adjusted rates of incidence, grade, and stage at diagnosis. Further analyses will measure the extent to which social factors explain this variation.

Conclusions/Implications for Cancer Control: We will discuss how detecting the characteristics influencing geographic variation in prostate cancer burden can suggest avenues for further research, but can also identify geographic areas needing cancer control interventions.

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Abstract No.: 1014 (POSTER #25)

South Carolina Women's Cancer Coalition Colorectal Pilot Project

Authors: Waln, Alan; Hagen, Susan; Otterness, Conrad

Colorectal cancer is the second leading cause of cancer death in both South Carolina (SC) and the nation, yet no funds are collected for early detection in our state's comprehensive cancer program budget. This pilot project was undertaken: to establish a linkage with the Best Chance Network (BCN, SC's breast and cervical cancer early detection program), to educate 100% of eligible women at selected sites about colorectal cancer screening, to have over 70% of all eligible women participate in colorectal screening and follow-up, and to interview all participants regarding their attitudes towards colorectal cancer screening.

Representatives from the BCN, American Cancer Society, Women's Cancer Coalition and state health department identified three participating counties based on the following criteria: county specific colorectal mortality data, quality of BCN program providers, and rural/urban settings. The team developed a protocol based on a colorectal project in New York. Select team members trained the participating providers according to the set protocol. A follow-up survey was designed and implemented to assess the qualitative portion of the project.

Colorectal cancer screening proved to be easily incorporated with the BCN: 100% of eligible women were educated, 100% FOBT kits taken and 76.27% of kits were returned. The project team discovered an abnormally high rate of positive results concentrated in one of the participating counties. The qualitative survey indicated that participants were very supportive of the project and given the opportunity, all women surveyed would participate again.

This colorectal screening project proved that women from these sites in SC were receptive to colorectal screening. This project also demonstrated that with relative ease, other cancer screenings can be successfully integrated into a pre-existing program.

Abstract No.: 1015 (D6)

Tanning Bed Use in the U.S. Youth, 11-18 years old: Prevalence and correlates

Authors: Cokkinides, V.E.; Weinstock, M.A.; O'Connell, M.C.; Coombs, D.; Thun, M.J.; Wingo, P.A.

Session Objective: Describe the extent of tanning bed use in US youth.

Background and Purpose: Commercial sun beds constitute a source of artificial UV exposure with potential harmful health effects; their use in youth has not been extensively studied. We assessed the prevalence of tanning bed use and evaluated correlates of tanning bed use among U.S. youth, ages 11-18.

Study design: A 1998 national, population-based telephone survey of youth was conducted. Sample (N=1192) was weighted to represent the population of U.S. youth living in household with a parent/caregiver. Interviewers used a standardized questionnaire to document the characteristics of the participant, sun sensitivity, attitudes and sun exposure habits including exposure to tanning beds.

Method of Analysis: Using SUDAAN, weighted prevalence and adjusted prevalence odds ratios (a POR) and 95% confidence interval (95% CI) were estimated and independent factors were evaluated with multivariate logistic regression.

Findings: Ten percent of youth used tanning beds in the previous year and 67% of these youth used tanning beds 10 or fewer times. Independent predictors associated with tanning bed use were: age 16-18 years (a POR)= 5.7; 95%CI: 3,10) white race (a POR= 4.5; 95% CI: 1.4, 14), never using sunscreen (a POR= 2.7; 95% CI: 1, 6), wearing a baseball cap (Apor=2.5; 95% CI: 1,5) and beliefs that a tan looks better (a POR=2.3; 95% CI: 1,6)

Conclusion: Artificial tanning may constitute another significant source of UV exposure in youth.

Implications for Cancer Prevention & Early Detection: The tanning industry through its marketing strategies appears successful at reaching youth. These results underline the importance of changing attitudes and beliefs among youth with regard to artificial tanning.

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Abstract No.: 1016 (D2)

Improving the Quality of Cancer Surveillance Data for American Indians

Authors: Espey, David; Wiggins, Charles; Cobb, Nat; Key, Charles

Session Objectives: this session will describe limitations of, and a method for improving, cancer surveillance for American Indians/Alaska Natives (AI/AN).

Background and Purpose: AI/ANs in the US have geographic and cultural diversity with distinct patterns of cancer compared to the general population. Characterizing cancer in AI/ANs, however, is constrained by racial misclassification. This study addresses racial misclassification of AI/ANs in the Surveillance, Epidemiology and End Results (SEER) program.

Study Design: With strict confidentiality and using name, social security number, gender, and date of birth, a probabilistic match using electronic Indian Health Service (IHS) administrative records and SEER cancer patient records will be performed to identify AI/ANs misclassified as non-Native.

Study Population & Settings: The SEER program covers 26% of the US population and 42% of AI/ANs. The IHS provides health care to about 60 % of AI/ANs.

Methods of Analysis: The percentage of AI/AN misclassified as non-Indian will be determined and characterized with regard to sex, age, residence, and type of cancer. The cancer burden of AI/AN will be described for the geographic areas of SEER. This analysis will focus on primary-site-specific and age-adjusted incidence rates.

Findings: When previously examined in NW Washington State, California and Minnesota approximately 40 percent of AI/ANs were misclassified as non-Native. This linkage will provide for the first time a geographically representative national estimate of AI/AN cancer incidence.

Conclusions: Racial misclassification in SEER registries for AI/ANs can be reduced by record linkages with the IHS.

Implications for Cancer Prevention & Early Detection: Cancer control activities should be based on accurate measures of cancer incidence in a population. Matching cancer registry data with IHS strengthens cancer surveillance in AI/AN populations.

Abstract No.: 1017 (POSTER #23)

Cancer and Prescriptive Exercise: A Model Program

Authors: Dennehy, C.A.; Schneider, C.M.; Carter, S.D.

Session Objective: Following the completion of this session, participants will be able to:

Discuss the benefits of prescriptive exercise intervention for cancer patients both during and following treatment.

Describe the components of a comprehensive cancer rehabilitation program.

Determine specific information needed to design and conduct an exercise intervention for a cancer patient.

The purpose of this program is to detail a successful cancer rehabilitation model program developed over the past 5 years. Approximately 90% of cancer patients experience a myriad of side effects associated with treatments. It is well accepted that current treatment regimens produce physiological alternations that manifest as extreme fatigue, muscular weakness, a loss of lean mass, and abnormal blood profiles. Psychological alternations that lead to malaise, anxiety and hopelessness are also reported. While that exact etiology for the development of these symptoms is not well understood, individualized prescriptive exercise intervention programs have offered positive and promising results in improving the quality of life for cancer patients. This presentation will outline the components of the program's success. This model has been piloted with approximately 200 patients to date with the goal of improving the quality of life for cancer patients. Health care professionals will be interested in the benefits this program has to offer cancer patients and their families. In addition, they will have an opportunity to influence future initiatives in this area.

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Abstract No.: 1018 (E8)

Breast Health Materials Clearinghouse Database

Author: Reseck-Segall, Jennifer A.

Session Objective: After the session, participants will be able to describe and use the features of the on-line Breast Health MCD to obtain information about breast health materials and programs.

Program Purpose: To provide grassroots and community outreach workers with a comprehensive on-line resource of national breast health programs and materials.

Assessment of Need: This year, an estimated 193,700 people will be diagnosed with breast cancer. Many other cases of breast cancer will go undiagnosed due to the lack of knowledge and accessibility to culturally appropriate breast health materials and outreach (early detection) programs. Currently, no on-line resource like this exists.

Strategies: Information about national breast health materials and programs was gathered via survey. Responses fitting the inclusion criteria were added to the database. Utilizing gathered data, website is being developed that will be revised and updated.

Evaluation Approach: Qualitative information will be captured by means of a brief on-line evaluation (5 Likert-scale questions). Quantitative results will be gathered by monitoring the number of (hits) to website as well as specified subsections. Based on initial feedback and evaluation results, the website will be revised and updated.

Program Outcomes: The MCD will serve to inform individuals about existing programs and materials enabling users to obtain ideas for program implementation and material attainment/development for their community.

Implications for Practitioners: The power and popularity of the Web has ability to connect grassroots and community outreach workers with resources (materials and programs) that will better enable them to educate women about breast health and breast cancer. The Breast Health MCD is a valuable one-of-a-kind resource for individuals focusing on breast health and breast cancer outreach.

Abstract No.: 1019 (POSTER #05)

Use of a Collaborative to Deliver a Skin Cancer Prevention Program with Minimal Funding in Massachusetts

Authors: Murphy, Elizabeth; Wood, Martha Crosier

Session Objective: At the end of this session, the participant should be able to describe the Massachusetts Skin Cancer Prevention Collaborative model, summarize program activities, and list the major factors that are associated with an effective collaboration.

Program Purpose: The Massachusetts Skin Cancer Prevention Collaborative is a partnership of multiple organizations that aims to educate the public about skin cancer and develop policies that support environmental action, shape social norms, and assure the sustainability of programs through shared concern, resources and expertise.

Assessment of Need: The importance of skin cancer prevention programs to increase awareness of the dangers of sun exposure has been well documented. With competing demands for resources, however, those for skin cancer prevention are often limited. Creative and innovative collaboration is necessary to support such programs.

Strategies: A Collaborative of 35 partners was established to support statewide skin cancer prevention and awareness programs. Although many partners have a specific interest in skin cancer prevention or child well being, resources for skin cancer programs are limited. Therefore, the Massachusetts Skin Cancer Collaborative coordinates resources that otherwise would not be as effective if used singularly.

Evaluation Approach: The session will highlight the results of a feedback questionnaire completed by Collaborative members.

Program Outcomes: This partnership made it possible to provide materials and spread skin cancer prevention messages throughout the Commonwealth. Examples of specific projects will be given.

Implications for Practitioners: The Massachusetts Skin Cancer Prevention Collaborative demonstrates that by bringing resources to an independent collaborative, member organizations can extend efforts to a broader audience.

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Abstract No.: 1021 (POSTER #24)

Likelihood of Undergoing Genetic Susceptibility Testing for Colon Cancer in the General Public

Authors: Bunn, Janice Yanushka; Bosompra, Kwadwo; Ashikaga, Taikamaru

Session Objective: The participants will be able to describe factors affecting the likelihood of undergoing genetic susceptibility testing for colon cancer.

Background and Purpose: Advances in the genetics of cancer increase the need to examine the general public's perception of testing for genetic susceptibility to cancer. This study extends previous work on the likelihood of undergoing genetic testing for any cancer to the specific case of colon cancer.

Study Design: The cross-sectional study is based on responses gathered through a telephone interview which included measures derived from the Health Belief Model, with additional psychosocial measures adapted from the literature.

Study Population & Setting: The sample consisted of 1,836 adult residents of Vermont, New Hampshire, and Maine.

Method of Analysis: Structural Equation Modeling was used to examine the direct and mediating factors associated with the likelihood of undergoing colon cancer genetic testing.

Findings: Perceived susceptibility, benefits, and barriers directly influenced likelihood, while age, family, history of cancer, socioeconomic status, awareness of and seeking information about genetic testing impacted likelihood indirectly. Optimism and Pessimism had both direct and indirect effects. The model explained 22% of the variance of likelihood.

Conclusions: Perceived susceptibility, benefits, optimism and pessimism increased likelihood while perceived barriers decreased it, with barriers, susceptibility, and benefits having the greatest total influences on likelihood. The five factors also mediated the influence of the others on likelihood.

Implications for Cancer Prevention & Early Detection: As genetic cancer susceptibility testing becomes more widely available, the health educational needs of the general population in this area take on greater importance. This study suggests avenues to address in developing programs to facilitate informed decision-making for genetic testing for colon cancer.

Abstract No.: 1022 (E5)

Increasing Capacity for Colorectal Cancer Screening by Training Non-Physician Endoscopists to Perform Flexible Sigmoidoscopy

Authors: Horton, K.; Reffel, A.; Rosen, K.; Trnka, Y.; Farraye, F.

Session Objective: At the end of this session, the participant will be able to describe a model for a flexible sigmoidoscopy training program for non-physician endoscopists in a gastroenterology practice.

Program Purpose: In an effort to provide wide-scale and cost-effective colorectal cancer (CRC) screening, Harvard Vanguard Medical Associates (HVMA), a large multi-specialty medical group, established a sigmoidoscopy training program for the nurse practitioners (NPs) and physician assistants (PAs) within the gastroenterology department.

Assessment of Need: There is substantial evidence to suggest that most colorectal cancers arise from adenomatous polyps. Screening for colorectal cancer can result in a decrease in the incidence and mortality from colorectal cancer by early detection and by identification and removal of adenomatous polyps. Despite its effectiveness, only 30% of the appropriate population have undergone a screening include demand on physician time, cost of procedure and reimbursement issues.

Strategies: HVMA established endoscopy training guidelines based on information found in the literature and shared by other screening programs utilizing non-physician endoscopists.

Evaluation Approach: To evaluate the program, the procedures performed by the NP/PA's were compared to those performed by staff gastroenterologists for depth of insertion, rate of polyp detection and patient satisfaction. No statistically significant differences were identified. The overall cost per procedure was 33% less.

Program Outcomes: Our program demonstrated that, in comparison with gastroenterologists, trained non-physician endoscopists perform flexible sigmoidoscopy with similar accuracy and safety, but at lower cost.

Implications for Practitioners: Flexible sigmoidoscopy screenings performed by non-physician endoscopists offer a safe, effective and economical solution to some of the barriers to CRC screening.

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Abstract No.: 1023 (E8)

Massachusetts Cancer Control

Authors: MacDougall, Laurie A.; Gershman, Susan T.; Friedman, Daniel J.; Wood, Martha C.

Session Objective: To present the development and content of an interactive cancer control website, and discuss methods of evaluating its efficacy.

Program Purpose: Massachusetts Cancer Central (MCC) has been developed in order to integrate data and information on cancer prevention and control activities in Massachusetts and make it easily accessible to users.

Assessment of Need: The Massachusetts Department of Public Health's Cancer Prevention and Control Initiative includes programs in three Bureaus. The cross-Bureau nature of the program can make it difficult for public health practitioners and Boards of Health (BOH) to obtain, integrate and effectively use the wealth of information and data available. For the public, which increasingly turns to the Internet as a source of health information, this organizational structure also means that it can be difficult to easily locate needed information.

Strategies: Massachusetts has developed a website which centralizes information about cancer control and prevention, data and screening programs. MCC's structure allows users to locate information via three spokes: cancer site, life cycle stage and geography. Standard data reports for each spoke include cancer incidence, mortality and screening data. The spokes are connected by concentric rings providing information on cancer risks, prevention, screening, treatment options, and related studies.

Evaluation Approach: The evaluation framework under development will include surveys of users from the public and from BOH to assess the utility and utilization of the website.

Program Outcomes: MCC will centralize information from state cancer-related programs, and increase users' knowledge regarding cancer control and prevention.

Implications for Practitioners: A cancer control website can help BOH educate the public and respond to inquiries, and help the public take a more active role in their health.

Abstract No.: 1024 (E1)

The Power of Partnership in the Delivery of Public Education in a Comprehensive Cancer Center

Author: Rehmar, Marcie L.

Session Objectives: At the end of the session, the participant will be able to describe the importance of partnership as part of a comprehensive treatment plan. Discuss the nuances of partner selection. Discuss maintaining and strengthening relationships for program continuity. Identify and describe initiatives using this model.

Program: Develop a comprehensive primary and secondary community education outreach plan for the Comprehensive Cancer Center at Children's Hospital, Columbus, OH.

Assessment of Need: Primary Prevention: Although childhood cancer cannot be prevented, the development of good health habits early in life (monthly breast self-exams, good eating choices) is a predictor of healthy choices as an adult.

Secondary Intervention: Studies show the importance of treating the whole child (physical, cognitive, and psychosocial) with a chronic or life-threatening illness. Children treated with this philosophy are more successful with school reentry, communication with peers and adjustment.

Need assessments are conducted through:

- ♦ Survey of professionals on the Hem/Onc team
- ♦ Survey of patients and families on Hem/Onc service and off-treatment
- ♦ Ongoing conversations with community organizations and schools

Through monthly analysis we identify gaps in our programming and opportunities in the community. We then contact potential partners and begin working on mutually beneficial solutions. Oftentimes, organizations contact us as the partner of choice when they identify a gap.

Evaluation Approach: Programs are measured through

- ♦ pen and paper evaluations post program
- ♦ informal feedback from patients and families
- ♦ repeat requests for programs
- ♦ monthly planning committees that discuss challenges and solutions

Program Outcomes: Program outcomes have been favorable to date including; deeper partnerships, more partnerships, less duplication of service and easy program access.

Implication for Practitioners: Programs can be easily and economically replicated using this model focusing on the strengths of each partner and what they can add to the collaboration.

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Abstract No.: 1026 (POSTER #32)

Creative Approaches to Funding Scientific Research

Author: Hergenrather, Diane

Session Objective: At the end of the session, participants will be able to describe the process Pennsylvania uses to fund breast and cervical cancer research using revenue designated from state income tax refunds.

Program Purpose: To support Pennsylvania researches working on research designed to reduce breast and cervical cancer incidence and mortality.

Assessment of Need: Pennsylvania estimates of cancer incidence and mortality in 2000 are:

- ♦ Breast cancer incidence: 11,970
- ♦ Cervical cancer incidence: 630
- ♦ Breast cancer mortality: 2,180
- ♦ Cervical cancer mortality: 215

Strategies: Annual Request for Applications (RFA) is issued. Applications are requested from researchers who have previously applied to one of four entities: National Cancer Institute, Department of Defense, Susan G. Komen Foundation, and American Cancer Society. Applicants submit brief summary of proposed research, budget for limited dollars (current maximum is 35,000), copy of original application, and peer review comments from initial submission.

Evaluation Approach: Successful applicants are required to submit progress reports twice per year. Final reports are shared with Income Tax Committee of the Pennsylvania Cancer Control, Prevention, and Research Advisory Board.

Program Outcomes: Expect that researchers funded by this program will receive funding from a national entity to further their work. Anecdotal evidence to date is that this is occurring. Of 11 first-year researchers, three have been successful in obtaining funding at a national level.

Implications for Practitioners: The success of this initiative was due to support from advocates and research entities in the state. Technical review of applications has been provided at no cost to the program by members of Income Tax Committee.

Abstract No.: 1028 (D6)

Suboptimal Use of Sunscreen, Adverse Sun Exposure, and Tanning Bed use Among U.S. Children and Adolescents

Authors: O'Riordan, David L.; Stanton, Warren R.; Gies, Peter H.

Session Objective: Participants will be able to describe the risks for melanoma in an adolescent population

Background and Purpose: The purpose is to simultaneously analyze the factors associated with suboptimal sun protection practices in a large cohort of children and adolescents.

Study Design: Prospective cohort study design.

Study Population and Setting: 10,056 offspring of the Nurses Health Study (ages 12-18), response rate (75%).

Methods of Analysis: Descriptive statistics and multivariate regression with three primary endpoints of interest: (1) routine use of sunscreen (2) the presence of at least three sunburns during the past summer, and (3) 'ever' use of a tanning booth or salon during the past year.

Findings: Only 34% of respondents used sunscreen routinely, 10% used a tanning booth in the past year, and 36% had 3+ sunburns during the past year. Twenty-seven percent stated that it was worth getting a little burnt to get a good tan, 85% noted that the majority of their friends had a tan at the end of last summer, and 74% had a preference for tanned skin. Girls were far more likely to use sunscreen (40.0 vs. 26.4) ($p < 0.001$), and to use tanning beds (14.6 vs. 2.4) ($p < 0.001$). Psychosocial variables such as worth burning to get a tan and social norms around tanning were strongly predictive in discouraging sunscreen use, while promoting sun burning and tanning bed use.

Conclusions: Our findings suggest that strong motivations for a tanned appearance drive multiple sun burning and tanning bed use.

Implications for Cancer Prevention and Early Detection: We have identified a young population at risk of skin cancer. Nationally coordinated programs must be developed and sustained to avoid risk to a new generation of children and adolescents.

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CONFERENCE ABSTRACTS

Abstract No.: 1029 (E2)

A Method to Investigate Screening Noncompliance Using a Geographic Information System

Authors: McCall, Jane L.; Schueler, Jessica; Pasini, Amy K.; Mustafa, Isha A.; Wait, Richard B.

The objective of this session is to demonstrate how a Geographic Information System (GIS) can be used to more effectively direct cancer-screening programs. We present an approach to investigate screening noncompliance in a community using GIS to link data on individual case location and stage of disease at diagnosis with census population counts and socioeconomic and demographic characteristics of census enumeration areas.

Areas with high screening noncompliance are defined as those with an elevated “advanced-stage-to-case ratio” (ASCR), the ratio of late stage cases (AJCC Stages II-IV) to all cases. Using thematic mapping, the geographic distribution of the ASCR is visually examined and compared to the distribution of various sociodemographic characteristics to generate hypotheses about risk factors in screening noncompliance, which are then statically tested with spatial regression. Areas of statistically significant clustering are identified using the spatial scan statistic. In the initial stage, Thematic maps of sociodemographic characteristics generated by GIS are consulted to locate areas with significant geographic clustering of noncompliance or a high concentration of risk factors identified in the prior analyses.

We applied this approach to the 891 patients diagnosed with breast cancer in Springfield, Massachusetts from 1987-1994, using 1990 Census data. We found median household income and Puerto Rican birthplace to be significantly related to ASCR at the census block group level.

This approach to identification of factors in screening noncompliance will allow us to design sociodemographically relevant screening and direct outreach programs to areas and population subgroups where they are most needed. The resulting public health benefit should be increased survival and quality of life of cancer patients.

Abstract No.: 1030 (POSTER #21)

Using Research to Enhance the Effectiveness of Promotional Posters

Authors: Winkelman, Mark; Sjomeling, Mike

Session Objectives: Following this session, participants will be able to discuss the use of qualitative and quantitative research techniques to develop messages and posters intended to increase participation in cancer and early detection programs.

The development of messages and posters intended to increase enrollments in screening programs can be costly, both in time and dollars. Unfortunately, many of these messages do not generate as many new enrollments as intended, especially for established programs beginning to focus on potential clients who may be “harder to reach” than clients already enrolled in the program. In the current study, barriers to breast and cervical cancer screening, along with specific messages targeting those barriers, were tested with an initial telephone survey. Based on the initial message and barrier ratings, posters were developed and rated by 60 of the same participants of the initial phone survey. Both surveys were conducted with two groups: 1) Women who were actively enrolled in the program, and 2) Women who were not in the program, but who were eligible for the program. Initial findings suggest the three main barriers to breast and cervical cancer screening are money, time, and fear (I.e. (afraid to find out”). Furthermore, different messages may appeal to “harder to reach” clients than clients who are already enrolled in the program. Implications for message and poster construction for cancer prevention and early detection programs are discussed.

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Abstract No.: 1031 (POSTER #08)

Georgia Comprehensive Registry vs. BreasTest and More Data Match, 1995-1998

Authors: McNamara, Chrissy; Bayakly, A. Rana; Mathis, Mary P.; Steiner, Carol B.

Session Objective: After viewing this presentation, the participant will have an understanding of mutual benefit gained by linking data from the state cancer registry and data from the state breast and cervical cancer screening program.

Purpose: To Assess the completeness and accuracy of stage and tumor size data for breast cancer cases diagnosed through Georgia's BreasTest and More Program (BTM) from 1995 to 1998. To improve completeness of the Georgia Comprehensive Cancer Registry (GCCR).

Assessment of Need: Initially, 15/158 (9%) of invasive breast cancer cases found through BTM between 1995 and 1998 were missing stage and/or tumor size data. GCCR data were 94% complete for 1995 and 78% complete for 1996, 1997, and 1998.

Strategies: Between 1995 and 1998, BTM reported 249 cases of breast cancer. Cases were matched against the GCCR database. For cases found in the GCCR database, stage and tumor size were recorded. Cases not found in the GCCR database were investigated.

Evaluation Approach: A comparison of stage and tumor size data was made between the BTM and GCCR databases.

Program Outcomes: (Preliminary results) Of 249 cases on the original list, six were not reportable breast cancers. Two changed from invasive to in situ and 57 from in situ to invasive. According to GCCR, 104/220 (47%) was staged correctly and 76/187 (41%) had to correct tumor size. Twenty-six breast cancer cases were added to the GCCR database.

Implications: Both BTM and GCCR benefited from the linkage. BTM improved data quality for stage and tumor size information while GCCR discovered new cancer cases.

Abstract No.: 1032 (E4)

Primary Care Physicians and Breast Cancer Screening to the Underserved

Authors: Lantigua, R.; Bloch, S.; Gorin, Sherri Sheinfeld; Neugut, A.I.; Ashford, A.; Gemson, D.

Learning Objective: At the end of this session, participants will be able to identify the characteristics of primary care physicians who recommend breast cancer screening to minority patients.

Background and Purpose: Physician recommendation is key to breast cancer screening among low income African American and Hispanic women whose mortality burden is highest. The purpose of this study was to assess the impact of physician characteristics on screening prevalence at baseline, as part of a larger study of the impact of academic detailing on cancer detection practices.

Study Design: In-person interviews were conducted among 168 urban physicians working in North Manhattan and South Bronx practices.

Study Population and Setting: These practices are almost exclusively (90%) African American or Hispanic, and generally low income (56% insured by Medicaid or Medicare, and 10% uninsured). Screening practices were confirmed by medical record audit.

Methods of Analysis: We used descriptive statistics, and logistic regression analysis.

Findings: Primary care physicians were likely to screen women over age 50 on a yearly basis using mammography (84%). The primary barrier to screening was not wishing to cause unnecessary patient worry. They were equally likely to conduct yearly clinical breast exams (CBE, 85%). Among women aged 40-49, where the guidelines are less clear across the professional groups, physicians were not nearly as likely to recommend bi-yearly mammograms (60%), or to conduct CBE (77%). The primary barrier to screening in this age group was either lack of medical necessity, low yield, or patient resistance. Eighty one percent of the physicians taught BSE to their patients. Over one quarter (28%) of the physicians were women, 57% were African American or Hispanic, and their average age was 48. Physicians worked in busy practices (average 80 contact per week); almost one-half (49%) were foreign medical graduates; one-half had been in practice 15 years or more. Physicians identified an average 3 barriers to screening; 44% failed to correctly identify the major risk factors for breast cancer. The results of a logistic regression on the appropriate use of mammography by these physicians revealed that those who had more years in practice, identified more barriers to screening, and were less accurate in their identification of risk factors for breast cancer, were less likely to appropriately screen women in their practices than other physicians seeing similar patients ($p < .05$).

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CONFERENCE ABSTRACTS

Abstract No.: 1032 (E4) - (cont'd)

Primary Care Physicians and Breast Cancer Screening to the Underserved

Authors: Lantigua, R.; Bloch, S.; Sheinfeld, Gorin S.; Neugut, A.I.; Ashford, A.; Gemson, D.

Conclusions and Implications for Cancer Prevention and Early Detection: These results suggest the importance of targeted training on screening recommendations and risk factors, particularly to more senior primary care physicians who work with underserved women.

Abstract No.: 1033 (E6)

Age, Lifestyle, Health Risk Indicators, and Prostate-Specific Antigen Scores in Men Participating in the World Senior Games

Authors: Merrill, Ray M.; Perego, Ugo A.M.

Background: Age-specific incidence rates show that prostate cancer is rarely diagnosed before age 45. However, the increase in rates in older ages makes prostate cancer the most frequently diagnosed cancer and the second leading cause of cancer death in men in the United States.

Objective: To assess the relationship between demographics, behaviors (tobacco, alcohol, and physical activity), and screening (cholesterol, blood pressure, blood sugar, and percent body fat) with prostate-specific antigen (PSA) scores.

Setting: The 1999 Huntsman World Senior Games in St. George, Utah.

Subjects: Analysis is based on 536 men aged 50 years and older completing a questionnaire and receiving free screening, including a PSA.

Methods: Frequency distributions, multiple regression techniques, and the Spearman correlation coefficients.

Results: A positive relationship between age and PSA is consistent with other studies in this area ($p < 0.0001$). Race, marital status, education, history of chronic disease, cigarette smoking, alcohol use, and physical activity were not related to PSA scores. Further, none of the personal risk factor measures (i.e., cholesterol, blood pressure, blood sugar, and percent body fat) were related with PSA after adjusting for age.

Conclusion: Increasing age was the only factor that was positively related to PSA. Race, marital status, education, history of chronic disease, cigarette smoking, alcohol use, and physical activity were not related to PSA scores. Further, none of the personal risk factor measures (i.e., cholesterol, blood pressure, blood sugar, and percent body fat) were related with PSA after adjusting for the potential confounding effect of age.

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CONFERENCE ABSTRACTS

Abstract No.: 1034 (E8)

Assessing Cancer Clusters in Communities

Authors: Franks, William J.; Pryor, Karen; Boyer, Jerre M.; Caniford, Emily S.

Session Objective: At the end of this session, the participant will be able to follow an established protocol designed to assist a state or local health department in investigating reports of cancer clustering in their community.

Program Purpose: The objective of this program is to develop a handbook with a protocol for health departments to follow to investigate cancer clusters.

Assessment of Need: A 1988 study showed that approximately 70-95% of nearly 2,000 inquiries made to local or state health departments ended with only a written response or the distribution of health education materials. There is a lack of a standardized protocol to evaluate the significance of a perceived cancer cluster report at the community level.

Strategies: The strategy is to produce and distribute a handbook with a protocol that will be self teaching and will contain a flow chart that if followed, will allow the agency to take the investigation as far as their resources allow.

Evaluation Approach: An email list will be established to survey the users of the handbook on successful cancer cluster investigations.

Program Outcomes: It is the expectation of this program that within a five year period at least 50% of cancer clusters reports to local and state health departments will have at least the initial level of epidemiological investigation performed.

Implications for Practitioners: A state or local agency's lack of response to a report of a suspected cancer cluster can be interpreted as lack of caring for their community. This project will give the practitioner the tools to perform the initial investigation and also open up an excellent opportunity to do community cancer education.

Abstract No.: 1036 (D2)

How Community-Based Cancer Screening Programs Can be Successfully Replicated: A Dissemination Effectiveness Study

Authors: Ramirez, A.; Gallion, K.

Objectives: Attendees will be able to identify and discuss key elements of the adoption process pertaining to Hispanic cancer control community outreach programs.

Background/Purpose: This adoption study is evaluating the degree of organizational adoption by a local health authority of a CDC funded, community-based project that promoted NBCCEDP services to low-income Hispanic women. Starting 1999, Salud En Accion has operated in 3 sites: Laredo, TX, Las Vegas, NV and Reno, NV. Funding ends in late 2001.

Study Design: Interpersonal surveys will be administered in 5/01 with analysis and reporting completed by August 01. Interview questions will be open-ended but grounded in leading theories of adoption and organizational development.

Study Population and Setting: Interviewing will involve Salud En Accion outreach staff, relevant staff of the health authority, community partners (i.e., religious leaders, media personnel, social service agencies, local businesses, etc.) community laypersons and other key opinion leaders within the community (N=15 site x3 sites; Total N=45).

Methods of Analysis: Qualitative and quantitative analysis of surveys.

Findings/Conclusions: The study will be completed by 8/1/01. We expect no adoption at one site full adoption in 2 sites.

Implications for Cancer Prevention and Early Detection: Successful adoption is a complex process that must start very early in a program's development. The Salud En Accion outreach program was refined to assess and cultivate adoption-enabling factors during the CDC funding phase. As a contribution to social science theory and an endorsement to the initial goals of the CDC Replication and Dissemination initiative, we expect to provide useful data and recommendations on how community based outreach programs can develop long-lasting, mutually beneficial partnerships in local public health organizations.

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CONFERENCE ABSTRACTS

Abstract No.: 1038 (E2)

Aggregation Unit for Spatial Analysis - Census Tracts, Zip Codes, or Towns?

Authors: Sheehan, T. Joseph; DeChello, Laurie, Kulldorff, Martin; Gregorio, David; Gershman, Susan

Session Objective: To assess the positive and negative features associated with each.

Background and Purpose: Breast cancer data from the Massachusetts Cancer Registry was geocoded by town code (Minor Civil Division), zip code, and census tract. While smaller aggregation units allow problem areas to be targeted with more precision, there are complications with each geographic level. The preferred unit, census tracts, could not be geocoded for in about 19% of the cases.

Study Population & Setting: All cases of invasive breast cancer diagnosed in Massachusetts between 1982 through 1997 were evaluated.

Method of Analysis: Cases were aggregated across town codes, zip codes, and census tract. To recover as many as possible of the cases not geocoded for census tract, zip codes that were equal to one or two census tracts were geocoded to the census tract or one of the possible two census tracts at random.

Finding: Using this method, the percent of missing cases was reduced from 19% to 3% however, the missing cases are no longer missing at random, and tend to aggregate in a few geographic areas.

Conclusions: Town codes are too large to pinpoint problem areas, especially in densely populated towns. Census tracts would be the preferred unit of aggregation, but would produce biased findings. Zip codes use just about all the cases and do so in aggregation units smaller in the densely populated areas than towns. Geocoding all cases for census tract, or even down to the block group level, would give the most precise results.

Implications for Cancer Prevention & Early Detection: By using the smallest possible geographic unit of aggregation, problem areas can be pinpointed with more accuracy.

Abstract No.: 1039 (E2)

Identifying Geographical Excesses in Incidence and Proportion of Late Stage Breast Cancer in Massachusetts

Authors: Sheehan, T. Joseph; DeChello, Laurie; Kulldorff, Martin; Gregorio, David; Gershman, Susan

Session Objective: To determine whether the elevated incidence of breast cancer varies at random throughout the state and to identify areas that have high proportions of late stage cases.

Background and Purpose: Regional excesses in breast cancer have been reported for Massachusetts. Apparent excesses within the state have never been subjected to rigorous statistical analysis using spatial statistical methods adjusting for multiplicity of tests and uneven distributions of underlying populations. Since there is no effective primary prevention strategy, secondary prevention through screening remains the only way of improving survival.

Study Design: This study used Massachusetts Cancer Registry breast cancer incidence data.

Study Population & Setting: All cases of invasive breast cancer diagnosed in Massachusetts between 1982 and 1997 were evaluated for proportion of late stage, and 1988 to 1997 for incidence.

Method of Analysis: Cases were aggregated across ZIP codes, and the spatial scan statistic tested for high and low spatial and space-time clusters using the Poisson probability model, adjusted for age, and the Bernoulli probability model was used to test for excess proportions of late stage cases.

Findings: Areas of high and low incidence were identified and three areas with a high proportion of late stage diagnoses.

Conclusions: Some high late stage clusters were found to have low incidence rates. Health planners need to evaluate whether they have effective screening programs in these areas.

Implications of Cancer Prevention & Early Detection: Those areas with high incidence rates can be targeted to search for possible explanatory variables. Areas of excess proportions of late stage diagnoses should review their screening programs.

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CONFERENCE ABSTRACTS

Abstract No.: 1040 (D7)

Breast Health Beads: Adaptation of a Successful Intervention for the Clinical Setting

Author: Wienbar, Margy

Session Objective: At the conclusion of this session, participants will be able to describe the breast health educational beads intervention and utilize the information provided to develop a similar intervention for use in physician office settings.

Program Purpose: The breast health beads are designed to be used in a physician office setting as a tool to increase practices that lead to early detection of breast cancer.

Assessment of Need: Screening mammography is important to detecting breast cancer early when it is most treatable. Increasing physician reminder for mammography has a great impact on women's utilization of screening mammography.

Strategies: Utilizing the successful concept of the breast health beads which demonstrate the value of early detection of breast cancer, the New Mexico Medical Review Association (NMMRA) adapted this intervention to serve as a patient and provider tool in physician exam rooms. The beads are coupled with a poster that explains what each bead means and the value of early detection. The poster and beads together can serve as a prompt for providers to make a referral for a mammogram and also serve as an educational tool for patients. The intervention was piloted in 2 primary care clinical settings and in a hospital outpatient women's health program.

Evaluation Approach: Measurement consists of baseline and post implementation chart audits to determine the impact of the intervention.

Program Outcomes: Data from the pilot sites, lessons learned, major successes, barriers and proposed adjustments to the intervention will be presented.

Implications for Practitioners: The breast health beads when used in conjunction with a poster in physician's offices may be a tool that has significant impact on screening mammography rates.

Abstract No.: 1041 (D3)

Insurance Coverage for Clinical Trials: A Model for Consensus and Cooperation

Authors: Hill, Ann Marie; Carver, Joseph; Todd, Mary; NJ Working Group to Improve Outcomes in Cancer Patients

Objective: Participants will describe different strategies to work with health insurers to deal with insurance coverage for clinical trials.

Clinical trials are designed to evaluate the efficacy and safety of new therapies for treatment, palliation or prevention of cancer. Improvement in the clinical outcomes for cancer patients will only come through the administration of carefully planned, scientifically valid clinical trials. Yet, current estimates indicate that less than 5% of all adult cancer patients enroll in clinical trials. A major concern is lack of insurance for participation in trials. Unlike other states that use legislation and regulation, New Jersey, seeking to avoid adversarial relations, forged a voluntary agreement on insurance reimbursement of routine costs for patients enrolled in approved clinical trials. The working group, consisting of insurers, healthcare professionals, scientists, patients and ethicists, used a consensus building process based upon open communication and mutual respect. This landmark agreement covered over 4.8 million NJ residents including those in Medicaid and ARISA (self-insured) programs. During the past year, the group has continued to collaborate. It has designed a fair system of cost reimbursement, planned an outcomes database, and collaborated with the NCI to expand PDQ for "NJ approved" trials. It is now seeking solutions for other difficult issues, including strategies for high technology trials, access for the uninsured, and new educational efforts that include insurers as partners. This approach demonstrates that complex health issues can be solved through consensus and cooperation.

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Abstract No.: 1042 (E7)

Developing Cultural Competence in Breast and Cervical Cancer Screening and Management Using the Voices of Women from Boston's Black Community

Authors: Bigby, Judy Ann; Chapman, Sheila; REACH Boston 2010 Coalition

Session Objectives: Participants will be able to discuss black women's perceptions of the role of cultural competence in care related to screening, diagnosis and management of breast and cervical cancer; describe the goals of a cultural competency training program designed to address the needs of black women in Boston describe a curriculum design and evaluation process.

Program Purpose: Black women in Boston have a higher breast and cervical cancer mortality rates than white and Hispanic women. This project is part of the REACH community action plan to address these disparities and is designed to improve the cultural competence of primary care providers as it pertains to breast and cervical cancer.

Assessment of Need: The literature documents that black women receive recommendations about mammography screening less often than white women do. Focus groups in Boston with diverse black women revealed that the lack of culturally competent providers is a major barrier to care.

Strategies: The key strategies include a two-day training for primary care providers from community health centers to teach them how to train other providers to deliver culturally competent care. The training uses problem-based approaches incorporate findings from the focus groups to represent the voices of women in the curriculum.

Evaluation Approach: Three levels of evaluation are planned: 1.) Pre and post learner self-assessment; 2) Learner assessment of training; and 3.) Pre and post-patient satisfaction measures.

Program Outcomes: Expected outcomes include increased provider perception of cultural competence, increased patient satisfaction and improved screening, and follow-up.

Implications for Practitioners: Focus group data are an important resource for designing cultural competence curricula.

Abstract No.: 1044 (D5)

National Efforts to Improve Mammography Utilization: An Update from HCFA's Peer Review Organization (PRO) Program

Authors: Kussmaul, Annette E.; Campbell, Miriam K.; McNally, Colleen

Objective: At the end of this session, the participant will be able to discuss the progress and activities of the Peer Review Organizations (PROs) in improving mammography rates nationwide.

One of the Health Care Financing Administrative (HCFA) PRO program's goals is to increase the mammography utilization rate among women with Medicare coverage. This goal was selected because female aged Medicare beneficiaries (being age 65 and over) are at higher risk for breast cancer. PROs are implementing quality improvement projects to improve screening for breast cancer. Their interventions target physicians and other providers, as well as beneficiaries. PROs work in partnerships and coalitions; some have embarked on mass media campaigns. HCFA will evaluate the PROs based on improvement in statewide mammography rates. It is anticipated that these rates will increase, contributing to a reduction in the incidence of late-stage breast cancer among women Medicare beneficiaries. This presentation will review the PROs' current strategies and activities, as well as the progress toward program and intervention evaluation. HCFA has developed performance-based contracts with PROs to improve patient outcomes nationwide. These improvements can only be accomplished through collaboration with health care professionals and providers. The success of this national effort, as well as PRO success on the state-level, hinge on fostering successful partnerships to improve care for patients.

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Abstract No.: 1045 (D4)

Occupational Cancer Mortality Surveillance Among Women in the United States

Author: Walker, James T.

Session Objective: At the end of the session, participants will be able to describe the relevance of the National Occupational Mortality Surveillance data for occupational cancer surveillance among women.

Background and Purpose: The aim of this project is to identify occupations at high risk for occupational cancer among women using death certificate data.

Study design: The National Institute for Occupational Safety and Health (NIOSH) maintains the National Occupational Mortality Surveillance (NOMS) database of death certificate data with coded occupation and industry information. These data are used to survey association of cause-specific cancer mortality and occupation.

Study population and Setting: Mortality data are examined for women aged 18 years and over from 1984 through 1998 for twenty-eight states.

Methods of analysis: Depending on data of death, usual occupation and industry of the decedent are coded according to the 1980 and 1990 Bureau of the Census classification system. (1) Cause of death is coded according to the 9th Revision of the International Classification of Diseases. (2) The measure of association used in this analysis is the proportionate mortality ration (PMR). To test statistical significance of the PMR, two-sided 95% confidence intervals (95% CI) are calculated.

Findings: Occupation PMRs are determined in women for several cancers as cause of death. The highest PMRs observed are for colon cancer in printing machine operators, lung cancer in soldiers and brazers and in punching and stamping press machine operators, cervical cancer in frameworks, and breast cancer in physicians. Painters, machinists, and teachers have significantly high PMRs for other cancers.

Conclusions: NOMS data based on death certificates can be used to identify high risk occupations, provide leads to which workers to follow up with more detailed studies, and suggest where to direct prevention efforts.

Implications for cancer prevention and early detection: These findings can be useful to occupational health practitioners, educators, and researchers for increasing awareness and utilization of cancer prevention and early detection programs.

Abstract No.: 1046 (D4)

Treatment with Adjuvant Chemotherapy for Women With Ovarian Cancer: A Population-Based Study

Authors: Cress, Rosemary D.; Campleman, Sharan L.; O'Malley, Cynthia D.

Session Objective: At the end of this session, the participants will be able to describe the factors that influence chemotherapy treatment for women with ovarian cancer.

Background and Purpose: Despite improvements in treatment, fewer than half of women diagnosed with ovarian cancer survive five years. The purpose of this study was to use registry data to identify factors associated with receipt of recommended treatment for ovarian cancer patients diagnosed in Northern California.

Study Deign: Registry demographic and treatment data were supplemented by linkage to census and hospital discharge data, and by mail survey of treating physicians.

Study Population and Setting: Women diagnosed with primary epithelial ovarian cancer between 1994 and 1996 in Northern California (n=2150) were identified through three regional registries of the California Cancer Registry.

Methods of Analysis: Univariate and multivariate analyses were used to identify factors associated with receipt of chemotherapy.

Findings: Nearly 90% of women under age 75 with stage III or IV ovarian cancer received chemotherapy. Patients over age 75 were significantly less likely than younger women to receive chemotherapy (58.2% vs. 86.1%, $p=0.001$) and this difference persisted after adjustment for stage, comorbid illnesses and other factors. Nearly 20% of younger women with Stage IC or II cancer received no chemotherapy.

Conclusions: Adjuvant chemotherapy was well accepted for younger women with advanced ovarian cancer, but older women and those with early stage cancer were less likely to have been treated.

Implications for Cancer Prevention and Early Detection: Because little progress has been made in either prevention or early detection of ovarian cancer, ensuring that all women receive appropriate treatment is the most effective way to decrease mortality from this disease.

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Abstract No.: 1047 (E5)

Breast and Cervical Cancer Screening: A Successful Model for Changing Primary Care Providers' Practices

Authors: Worth, Celeste T.; Sorrell, Connie L.

Session Objectives: At the end of this session, the participant will be able to: describe effective methods for developing, promoting, and implementing a statewide continuing education program for primary care physicians, nurse practitioners, and physicians assistants on breast and cervical cancer screening; discuss program incentives and participant reactions including new information learned; discuss practice impact reported by participants.

Program Purpose: Providers Practice Prevention (PPP) was developed as a continuing education intervention for primary care providers to increase and improve breast and cervical cancer screening.

Assessment of Need: CDC has determined a need for breast and cervical cancer screening education. Also, Kentucky and national studies reveal the main reason women give for not receiving mammograms is lack of physician referral. Kentucky pathologists cite the need for better Pap test sampling technique and slide preparation by providers. The Physician Insurers Association of America reported the leading reason for malpractice suits against primary care providers is failure of or delay in diagnosis of breast cancer.

Strategies: The Project Committee represented professional organizations and program partners. A self-study video was adopted to accommodate rural providers, eliminating unnecessary travel. Special incentives included a malpractice insurance premium reduction for physicians and free CE credits. Multi-faceted promotions were conducted. Program kits were sent upon request and follow-up strategies were employed to increase completion rates. The video featured Kentucky physicians and resources. Free office reminder tools were offered for pilot use.

Evaluation Approach: Data regarding current screening practices and program evaluations were collected. Six-month and one year follow-up surveys were done to assess impact. Changes in statewide screening data were also measured.

Abstract No.: 1048 (POSTER #34)

Survey to Determine Best Practices in Cancer Pain Management in Selected North Carolina Agencies

Authors: Randall-David, Elizabeth; Wright, Judith C.

Background and Purpose: Lack of or under treatment of cancer pain is a significant problem for North Carolinians with cancer pain. In response to the Access TO Pain Control Goals of the NC CANCER CONTROL PLAN 1996-2001, The Cancer Pain Advisory Committee, a work group of the NC Advisory Committee on Cancer Coordination and Control Care Subcommittee, chose to survey hospitals, hospices and home health agencies to assess the state of cancer pain management in these practice sites. Further, the survey was designed to identify contacts for cancer pain management consultation services and to solicit copies of model policies, protocols and other relevant cancer pain management documents to establish a central resource file. A final aim was to collect and distill the components and methods of evaluation reflective of cancer pain management practices.

Study Design: Representatives from the three types of agencies to be surveyed assisted with the development of a 26-item survey tool. Items included both forced choice and open-ended responses.

Study Population and Setting: Surveys were mailed to 177 North Carolina hospitals, hospices and home health agencies. A total of 71 surveys were completed and returned representing 23 hospitals, 29 hospices and 19 home health agencies. There was an overall response rate of 40 % (hospitals 61%, hospices 42%, home health agencies 27%)

Method of Analysis: All data items were tallied by type of agency to determine extent of presence of components necessary for the provision of effective cancer pain management. Comparisons were also made among the three agency types for each set of components.

Findings: Significant differences were found among agencies in regard to the presence of cancer pain management tools and policies. For instance, no home health agencies reported using critical pathways or equianalgesic conversion charts and only one reported using standing orders and algorithms. Over half of all agencies reported no protocols or algorithms for managing analgesic induced side effects. The top three methods used for evaluation were patient satisfaction surveys, patient and family interviews and CQI. Outcome based research evaluation methods were less frequently used.

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Abstract No.: 1048 (POSTER #34) - (cont'd)

Survey to Determine Best Practices in Cancer Pain Management in Selected North Carolina Agencies

Authors: Randall-David, Elizabeth; Wright, Judith C.

Conclusions: Over half of the agencies surveyed were lacking key components for the provision of effective cancer pain management. The information, contracts, and resources identified will be used to build a centralized cancer pain management resource library and agency-based pain management consultation service.

Implications for Cancer Prevention and Early Detection:

Unrelieved cancer pain not only leads to personal distress but effects healing, function, productivity, as a worker and a family member and all aspects of quality of life. Cancer survivors who receive the care and support needed to manage pain and other disease and treatment related symptoms can serve as the strongest advocates for prevention and early detection of cancer.

Abstract No.: 1049 (D5)

Clinical Trials Education for Native American Cancer Patients

Authors: LaMarca, Khari; Burhansstipanov, Linda

Session Objective: Examine common reasons for and against Native American communities' participation in research studies; describe the importance of including Native Americans within cancer care trails; examine selected and common myths and beliefs related to cancer care trials; identify the impact of culture on the experience of health and illness in relation to cancer and clinical trials.

Program Purpose: The purpose of this education project is to provide background information to Native American Cancer patients or their first degree relatives to help them make informed decisions regarding their potential participation in clinical trials.

Assessment of Need: Of the Native American cancer patients enrolled within the National Native American Cancer Survivors Support Network," less than 5% received any information about clinical trials (either orally or in print) from health care providers. Currently Native Americans who do not have insurance are not receiving quality cancer care. Through participation in selected clinical trials, Native patients may attain standard cancer care.

Strategies: The patients' curriculum was modified from the University of Colorado's "7 C's "Clinical Trials Education for Providers" curriculum (PI: Krebs) and pretested with Native American cancer patients. The patient workshops are implemented during meetings that include Native American cancer patients or their loved ones.

Evaluation Approach: Process evaluation, descriptive, workshop pre-and post-test data and delayed assessments are used to determine the effectiveness of this education program.

Program Outcomes: The primary outcome is the gradual increase of Native Americans participating in clinical trials.

Implications for Practitioners: Providers rarely explain clinical trials opportunities to Native American cancer patients and through collaboration with NACR, staff may assist providers in their interactions with Native patients or family members.

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Abstract No.: 1050 (POSTER #13)

National Native American Cancer Survivors Support Network

Authors: Gilbert, Alisa; LaMarca, Khari; Burhansstipanov, Linda

Session Objective: Identify strategies for improving the quality of life of Native American cancer patient's; describe the benefits of partnerships among providers, Native cancer patients, and Native Cancer Survivors Network; examine preliminary data documenting the quality of cancer care access issues experienced by Native American cancer survivors.

Program Purpose: The purpose of the National Native American Cancer Survivors' Network is to improve the survival from cancer and quality of life after being diagnosed with cancer for both the patient and the loved ones of the cancer patient.

Assessment of Need: Controlling for age, stage, grade and census-tract poverty-level, American Indian women are likely to receive their first breast cancer-directed surgery more than six months after diagnosis. Preliminary data from "The National Native American Cancer Survivors Support Network" are consistent with those study findings. Early data review indicates that the access quality care issue is worse for cancer sites other than breast and cervix.

Strategies: Social network methodology is used to recruit Native American cancer patients and their loved ones. An in-depth interview is conducted, support materials and services are provided to patients and loved ones.

Evaluation Approach: Process evaluation, descriptive, survivor intakes and tracking data are the types of evaluation findings to be presented.

Program Outcomes: The primary outcome is the gradual development of a Native American cancer survivors cohort with whom we will later be able to develop and implement quality of life research interventions.

Implications for Practitioners: Selected case studies of how the Network staff assisted health care providers and positively influenced that patient's ability to access improved health services will also be explained.

Abstract No.: 1051 (POSTER #02)

Reducing Smoking and Cancer in California: A Success Story

Author: Leistikow, Bruce N.

Objective: After this session, participants will be able to describe disparities between California (CA) and remaining US: comprehensive tobacco control programs (CTCP); smoking reductions; and cancer incidence and death reductions.

Background and Purpose: From 1988-98, the period of the CA CTCP, California reduced per capita cigarette consumption by nearly 50%, to about 50% of levels in the remaining US (rUS). We will describe subsequent CA vs. rUS disparities in cancer incidence and death.

Study Design: Time-series analysis.

Study Population and Setting: The California, rUS, and non-California Surveillance, Epidemiology, and End Results (rUS SEER) populations were studied.

Method of Analysis: California Cancer Registry (www.ccrca.org), SEER, and wonder.cdc.gov data were used. We contrasted CA vs. rUS cancer: incidence via SAS software general linear modeling; and mortality via current vs. historic average age-standardized CA vs. rUS mortality rate gaps.

Findings: Lung, pancreas, oropharyngeal and bladder cancer incidence is falling significantly faster in California than in the rUS. Overall cancer mortality rate declines in California are much greater than the rUS in the 1990s. The increased CA vs. rUS cancer mortality gap equates to over 4000 CA cancer deaths prevented or over 40000 excess rUS cancer deaths in 1998 alone.

Conclusions: The California CTCP has produced large, prompt disparities in smoking, cancer incidence, and cancer death rates for California versus the rUS.

Implications for cancer prevention and early detection: Comprehensive tobacco control programs and smoking reductions are likely to produce very large, prompt reductions in overall and site-specific cancer incidence and mortality.

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CONFERENCE ABSTRACTS

Abstract No.: 1052 (E3)

Working Together for Comprehensive Cancer Prevention and Control in New Jersey

Authors: Paddock, Lisa E.; Knight, Margaret L.; Bresnitz, Eddy A.

Session Objective: At the end of this session the audience will be able to list the steps to form a cancer control plan.

Program Purpose: A task force on cancer prevention, early detection, and treatment in NJ was formed to develop a comprehensive plan to reduce the incidence, morbidity and mortality associated with preventable cancers.

Assessment of Need: Data from NJSCR indicates the overall incidence rate for males during the period 1993-97 was 512.5/100,000, compared to a national rate of 475.5/100,000. For females, the NJ rate was 371.9/100,000 compared to 347.8/100,000. NJ has an average annual age-adjusted mortality rate of 177.2/100,000 compared to a national rate of 168.3/100,000.

Strategies: Leadership roundtables were conducted to gain insight to the national approach and gain cooperation from active constituencies in cancer efforts. The Task Force began developing the state plan using the CDC's Framework. In Phase 1, work groups will establish goals for reducing cancer mortality rates through behavior modification and prevention. In Phases 2 & 3, the data collection will be ongoing in order to attain well-defined program components.

Evaluation Approach: Process evaluation will include program inputs, implementation activities and stakeholder reactions. After Phase 4, impact evaluation will assess immediate effects with outcome evaluation examining long-term effects.

Program Outcomes: By implementing the recommendations of the Task Force, we seek to reduce cancer mortality rates for breast cancer by 22%; cervical cancer, 60%; prostate cancer, 35%; lung cancer, 22%; and colorectal cancer, 30 %.

Implications for Practitioners: Task Force recommendations will reduce cancer mortality/morbidity rates through interventions, infrastructural improvements, and /or the development of new data.

Abstract No.: 1053 (POSTER #26)

Colorectal Cancer Screening in a Community Setting

Authors: Bisel, Deb; Campbell, Alan

Session Objective: At the end of this session, the participant will be able to describe one method of providing colon cancer screening in a community setting.

Program Purpose: The purpose of this program is to increase screening for colon cancer by offering free fecal occult blood tests (FOBT) and lab interpretation to the community.

Assessment of Need: A review of the statistics from the state of Michigan revealed that our county diagnosed colon cancer at a more advanced stage than almost every other county in the state. Recent data have established that screening for colorectal cancer using FOBT reduces mortality from this disease.

Strategies: A postcard was designed and mailing lists purchased targeting zip codes with the largest underserved population who had occupants > 40 years old. The postcard invites the recipient to call and receive a free colon cancer screening kit. The program has evolved over the last 5 years to include all residents of our community rather than just the underserved. Results are mailed to the participant and the physician. Those with a positive test result receive a follow-up phone call to either encourage or verify that the participant has contracted their physician. Physicians are surveyed approximately three months after the screening to determine the follow-up and results for those individuals who tested positive.

Evaluation Approach: The number of participants, feedback from health care providers and continued support from the cancer committee measures the program's success.

Program Outcomes: Outcomes of the program have shown an increasing number of participants each year resulting in increased detection of colon abnormalities including diverticulosis, Crohns disease, polyps and cancer.

Implications for Practitioners: This program is a novel approach to colon cancer screening in a community setting.

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Abstract No.: 1054 (POSTER #15)

The Development and Validation of the Intercultural Cancer Council's Cancer Fact Sheets

Authors: Iammarino, Nicholas K.; Canseco, Jose; Jackson, Pamela; Chalela, Patricia

Session Objective: The participant will be able to describe and discuss: 1) cancer disparities in minority and medically underserved populations, 2) the six major classifications of ethnic, racial, and medically underserved populations in the US, and 3) how to use Cancer Fact Sheets in variety of educational settings.

Purpose: This project developed and validated the Intercultural Cancer Council (ICC) Cancer Fact Sheets.

Assessment of Need: The Fact Sheets were created because medically underserved populations experience disproportionately greater cancer morbidity than the US populations a whole, as referenced in the Institute of Medicine study, The Unequal Burden of Cancer.

Strategies: The ICC has developed six separate Fact Sheets highlighting cancer disparities among: African Americans, American Indians and Alaska Natives, Latino and Hispanics, Hawaiians and Pacific Islanders, Asian Americans, and the Rural Poor and Medically Underserved. Over 100 ICC leaders and advisors responded to an e-mail survey soliciting content. These "factoids" contained new or updated cancer information regarding the respective groups, along with citations, after which they rated and prioritized the "factoids" in terms of importance to the respective groups.

Program Outcomes: Six professionally designed and printed prototype Fact Sheets were reviewed at the biannual meeting of the ICC National Network Educational Forum.

Implications for Practitioners: The final version of the ICC Fact Sheets can now be used for public education programs targeting minority and medically underserved populations and for professional education targeting the healthcare providers who serve them.

Abstract No.: 1055 (E4)

Colorectal Cancer Screening: Awareness, Utilization and Barriers

Authors: Straus, W.L.; Gold, K.F.; Mansley, E.C.; Pashos, C.L.; Schaffner, P.L.

Session Objectives: Attendees will learn about awareness, utilization, and barriers related to colorectal cancer screening.

Background and Purpose: Screening can reduce colorectal cancer mortality, yet screening rates remain low. CDC data for 1999 suggest that only 33.7% US adults over 40 have ever received a sigmoidoscopy (SIG) or colonoscopy (COL), and 31.1% have ever received a home-administered fecal occult blood test (FOBT). To inform policy that may improve screening rates, we sought to characterize the barriers associated with low screening compliance.

Study Design, Population, Setting, and Methods: A random-digit-dial telephone survey was administered to 502 U.S. residents, 50 years, and older. Data concerning utilization of FOBT, SIG, COL and x-ray barium enema (XBE), as well as demographics, awareness, concerns, attitudes and benefits were collected.

Findings: Screening rates were low, with awareness and screening rates lower for Blacks/Hispanics than for Whites. Blacks and Hispanics were less aware of screening tests (aware of FOBT= 73.3%; SIG=51.7%; COL=70%; XBE=68.3%) than Whites (88.1%, 81.8%, 87.6% and 80.1%, respectively) ($p<.05$). Significantly lower screening compliance is apparent with FOBT screening rates of 21.7% (Blacks/Hispanics) compared with 34.8% (Whites). Barriers to screening found were: discomfort with exam; low health care seeking behavior; low belief in value of prevention; and low perceived personal health threat (all $p<.05$).

Knowledge and Use of Four CRC Screening Tests: Overall Results

Conclusions and Implications for Cancer Prevention and Early Detection: Lack of awareness about screening still exists in a population, especially among Blacks and Hispanics. Furthermore, modifiable barriers appear to exist that can serve as a basis for designing outreach and education programs to improve screening rates for this largely preventable disease.

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Abstract No.: 1056 (POSTER #31)

Statewide-Community Level Resource Building Revolving Breast Cancer Fund

Authors: Yancy, Tia; Wright-Eakers, Linda; Yerkes, Adeline; Campbell, Janis

Program Purpose: The purpose of the Breast Cancer Revolving Fund is to generate revenue to provide breast cancer screening, education, and research for Oklahoma women. The funds are generated in two ways: Income Tax Check Off and the Fight Breast Cancer License Plate.

Assessment of Needs: According to 1991 BFRSS data, 40.2% of Oklahoma women age 50 and older had not received a mammogram or a breast exam compared to 35.3% in the United States. Moreover, in 1991, 19.7% of Oklahomans did not have health care coverage compared to 14.6% in the United States. In addition, prior to 1994, there was no state funding for breast cancer education and screening in Oklahoma.

Strategies: Through collaboration of healthcare facilities, legislators, and others various statewide strategies for revenue enhancement were developed. These strategies included, passage of the Breast Cancer Prevention, Detection, and Treatment bill, which included the Fight Breast Cancer license plate, and the Income Tax Check Off; state appropriation; and community foundation funding. These dollars resulted in increased revenue and increased awareness, screening rates (1999, 78.5% of women = or > 50 yr screened) and early detection (1990, 29% stage 1 and 1997, 56.3% stage 1) for breast cancer in Oklahoma.

Evaluation Approach: Since 1997, the revenue in the Breast Cancer Revolving fund has increased from \$25,767 to \$235,668.88 in 2001.

Program Outcomes: In a five-year period, \$235,668.88 has been deposited in the Revolving Breast Cancer Fund. The sale/renewal of the Fight Breast Cancer License Plates alone generated \$6,809.

Implications for Practitioners: Encourage other states to model the Revolving Breast Cancer Fund to generate funds for like activities in their respective states.

Abstract No.: 1057 (E4)

Many Medicare Recipients Lack Awareness of Colorectal Cancer Screening Coverage: An Opportunity for Intervention?

Authors: Mansley, Edward C.; Straus, Walter L.; Pashos, Chris L.

Session Objective: Attendees will learn that millions of Medicare recipients are unaware of their coverage for colorectal cancer (CRC) screening tests and, therefore, may be an appropriate target for messages to increase utilization of those tests.

Background and Purpose: Although CRC screening tests reduce mortality, they remain underutilized. 94.6% of Medicare recipients have coverage for annual fecal occult blood tests (FOBT), and flexible sigmoidoscopy (FSIG) or barium enema (BE) once every four years. Because cost is a potential barrier to screening, we sought to determine whether Medicare beneficiaries were aware of their coverage for CRC screening tests.

Study Design: A random-digit-dial telephone survey.

Study Population and Setting: 204 U.S. residents, 50 years and older, who reported having Medicare insurance.

Method of Analysis: Calculation of proportions and confidence intervals, with the effects of age and gender assessed using logistic regression.

Findings: 27.9% of Medicare recipients (95% C.I.: 21.8%, 34.1%) believed that FOBT was not covered (11.8%) or did not know if it was (16.2%). Coverage beliefs for FSIG, BE, and colonoscopy, were assessed jointly, with 27.5% of Medicare recipients indicating that they were not covered or did not know if they were (95% C.I.: 21.3%, 33.6%). Coverage awareness did not vary by age or gender.

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Abstract No.: 1058 (POSTER #11)

The Importance of Minority Participation in Cancer Clinical Trials

Authors: Shaw, Wanda; Blakeney, Natasha; Ware, Jacquelyn

Session Objective: By the end of this session, participants will be able to describe the importance of cancer clinical trials and role of community advocates in increasing minority participation in clinical research.

Program Purpose: To implement the Cancer Clinical Trials Education Program (CCTEP) training of community advocates to promote understanding and participation in clinical trials among populations of color in partnership with NBLIC II: Network Project, Southern Regional Medical Center, and the National Cancer Institute's Cancer Information Service.

Assessment of Need: Only 2-3% of adult cancer patients participate in treatment studies. Minority participation in clinical trials is even lower, which is due, in part, to lack of information and trust in the research process. Educating potential participants is essential to reversing this trend.

Strategies: Tailored CCTEPs were implemented at two Georgia sites. Training focused on understanding the principles of clinical trials, factors impacting minority participation, the process of informed consent, interactive role play/discussion, and planning community presentations.

Evaluation Approach: Each training session was evaluated by attendees and adapted based on evaluators' comments. The number of follow-up presentations between February 2001 and May 2001. Presentations implemented by community advocates will promote minority awareness of NCI-approved clinical trials.

Implications for Practitioners: Customizing NCI's CCTEP to address the unique needs of minority populations may increase the chances of improving communities' perceptions of and participation in cancer clinical trials. Trained community advocates serve as valuable tool in accomplishing this goal.

Abstract No.: 1059 (E2)

Methodological Issues in the Geographic Analysis of Prostate Cancer in Maryland

Authors: Curriero, F.C.; Klassen, A.C.; Kulldorff, M.; Williams, C.; Alberg, A.; Ensminger, M.; Meissner, H.

Session Objective: In analyzing the geographic patterns of prostate cancer in Maryland several interesting methodological issues arose. Participants will become aware of potential methodological issues that can arise when analyzing geographic data and some sensible statistical approaches and interpretations will be proposed to deal with these issues as they relate to the geographic analysis of prostate cancer in Maryland.

Study Design: A spatial analysis of prostate cancer cases linked to geographic attributes and census data.

Study Population and Setting: All incident cases of prostate cancer diagnosed during 1992 through 1997 from Maryland State Cancer Registry (n=24,189).

Methods of Analysis: SatScan software is used to detect clusters of cancer cases in regards to different attributes, such as areas with high incidence, aggressive grade, and late stage diagnosis. Adjustments to the analyses are proposed to address issues related to data aggregation and missing or incomplete data. Results from some sensitivity analyses will be presented highlighting these issues. Interpretations with respect to aggregated versus unaggregated analyses will also be discussed.

Findings: Preliminary results suggest proper attention to the type of data and the methods applied can yield more reliable results and interpretations.

Conclusions/Implications for Cancer Control: GIS and spatial analysis tools are welcome technological and methodological advances that can enhance cancer research.

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Abstract No.: 1060 (E4)

Predictors of Regular Cervical Cancer Screening among Korean American Women

Authors: Juon, H.S.; Park, W.; Shankar, S.; Kim, M.T.

Session Objective: Participants will be able to list the correlates of cervical cancer screening in this underserved population.

Background and Purpose: Cancer is the leading cause of death and cervical cancer is the fourth most commonly diagnosed cancer among Korean American women (KAW). The Papanicolaou (Pap) smear test for cervical cancer screening, along with pelvic examinations has been demonstrated to reduce cervical cancer incidence and mortality by up to 40%. However, many KAW are not aware of the importance of regular cancer screening. The purpose of this study is to estimate the rate of regular cervical cancer screening and to examine the correlates of screening among KAW.

Methods: KAW age 40 and older in Maryland were surveyed by face-to-face interviews. Study participants were recruited through Korean churches. With random selection of Korean churches (n=14) from Korean directory, 459 KAW completed the survey. Logistic regression models were used.

Findings: Only 39% of the KAW had a regular Pap test. In multiple regressions, younger women with higher education and more acculturated were more likely to have regular screening. In addition, women who had a regular source of healthcare, had health insurance, and had physician's recommendation were more likely to have regular use of a Pap test. However, those who had a Korean doctor were less likely to have a Pap test than those who had a non-Korean doctor.

Conclusions: These results indicate that physician's recommendation for screening and an access to healthcare are important in this minority population. Moreover, we need to examine the role of Korean doctors in cervical cancer screening.

Implications: For strategies to increase regular cervical cancer screening among KAW, we need to develop culturally relevant educational programs for less acculturated immigrants.

Abstract No.: 1061 (E1)

Evaluating a Community-based Empowerment Intervention to Increase Awareness of Cervical Cancer Among Women of Color

Authors: Gilbert, Lisa; Randall-David, Elizabeth; Chapman, Sarah; Wilcher, Rose; Hooper, Ivy; Arredondo, Elva; Shapiro, Lanya

Session Objectives: Following this presentation participants will be able to explain how traditional data collection methods may not work in underserved populations; describe innovative data collection methods for underserved populations; list the components of the workshop that are more and less effective.

Program Purpose: The American Social Health Association, with the CDC, is developing a national model for primary and secondary prevention of cervical cancer among low-income African American women and Latinos.

Assessment of Need: Cervical cancer rates in the US show large racial and ethnic disparities in both incidence and mortality. Latinos have lower rates of Pap screening, and African American women are almost twice as likely to die from cervical cancer as white women.

Strategies: Low-income African American women and Latinos participate in a six-week series of educational workshops, supplemented by culturally-appropriately materials. Additionally, ASHA is developing provider education materials and a targeted media campaign.

Evaluation Approach: A traditional pre-post survey of knowledge, attitudes and practices regarding cervical cancer and Pap screening was unsuccessful at collecting valid information. The survey instrumentation was redesigned using cognitive interviewing techniques and qualitative data collection methods.

Program Outcomes: Participants' knowledge of the causes and prevention of cervical cancer increased after workshop participation. Women reported greater awareness of HPV as a cause of cervical cancer and the recommended timing and frequency of Pap screening.

Implications for Practitioners: Culturally-specific health education interventions may increase knowledge thereby addressing a powerful barrier to cervical cancer screening in low-income women of color. Using valid and reliable data collection methods more accurately reflects these changes. These new methods can be used to collect data in underserved populations regardless of the topic or disease.

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Abstract No.: 1062 (E5)

Educating Healthcare Providers About Clinical Trials: The 7C's Curriculum

Authors: Krebs, Linda; Bradley, Alice; Gamito, Eduard; Burhansstipanov, Linda

Session Objectives: Describe the development of a clinical trials education curriculum for providers; examine pitfalls and practicalities in collaboratively developing a culturally competent educational program.

Program Purpose: The "7Cs" curriculum ("Colorado Culturally Competent Clinical Cancer Curriculum") is the outcome of the NCI-funded "Clinical Trials Education for Colorado Providers". Its overall goal is to substantially increase the numbers of individuals participating in clinical trials through the creation of a culturally competent clinical trials educational intervention for health care providers.

Assessment of Need: Strategies to increase the recruitment and retention of minorities and women to clinical trials were developed through a statewide meeting, the Colorado Blueprint. The strategy deemed most important in increasing enrollment related to healthcare provider education about clinical trials. The 7Cs project is directly derived from this strategy.

Strategies: The curriculum is comprised of 22 objectives. Objectives are combined to create a customized educational module that is appropriate to the identified needs of the target audience. Modules are implemented as freestanding workshops or as a component of an existing educational program.

Evaluation Approach: Evaluation includes process and outcome strategies, including pre- and post-tests for module implementation, descriptive data collection, and short-term follow-up of participants. Additionally, data on clinical trial discussion, referral, and/or enrollment will be collected from program participants.

Program Outcomes: Expected outcomes include increased provider knowledge about clinical trials and increased numbers of individuals participating in a clinical trial.

Implications for Practitioners: Participating in a clinical trial has the potential to decrease morbidity from cancer. Educating health care providers about clinical trials is one method to facilitate recruitment and retention and potentially increase survival, decrease symptoms or prevent disease.

Abstract No.: 1063 (D2)

The Impact of Race and Socioeconomic Status on Survival 7 Years after Diagnosis of Breast Cancer: The Importance of Assessing Racial and Economic Disparities

Authors: Boscarino, Joseph A.; Chang, Jeani

Session Objective: Our objective is to demonstrate the potential impact of socioeconomic status (SES) and race on breast cancer survival.

Background and Purpose: Some studies have linked adverse cancer outcomes to lower socioeconomic status (SES) and African American race. Our objective was to assess the impact of these on breast cancer survival among women in a statewide study.

Study Design: We studied survival among 14,811 women with breast cancer up to 7 years after initial diagnosis (mean follow-up=35 months). Only patients with primary breast cancer and who received their treatment in the same state were included.

Study Population and Setting: We used data from the Kentucky Cancer Registry from 1991 through 1996 to identify females with newly diagnosed breast cancer (mean age=62; African American=6%; person years of follow-up= 39,447, study mortality rate =19%)

Methods of Analysis: We hypothesized that breast cancer patients who are from a lower SES community or were African American would have poorer survival following diagnosis, after controlling for age, tumor stage, distant metastasis, tumor grade, residual tumor, initial cancer treatment, and tumor receptor status, using Cox proportional hazards regression.

Findings: After controlling for clinical factors for poor outcomes, African Americans patients still had significantly higher mortality risks than white patients (HR=1.45, 95% CI =1.26 -1.66, $p<0.0001$). Also, in comparison to patients from the highest SES communities, patients from the lowest ones had poorer survival outcomes (HR=1.15, 95% CI=1.01-1.30, $p=0.0352$). As expected, patients with stage IV cancer had the highest adjusted risk for death (HR=9.41, 95% CI= 7.48-11.83, $P<0.0001$) in comparison to those with stage 0/I cancers. However, patients that had surgery only (HR=0.39, 95% CI=0.39 - 0.45, $P<0.0001$) or surgery plus another intervention (HR=0.37, 95% ci =0.32 -0.43, $p<0.0001$) had much better survival outcomes than those who did not have any surgery.

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Abstract No.: 1063 (D2) - (cont'd)

The Impact of Race and Socioeconomic Status on Survival 7 Years after Diagnosis of Breast Cancer: The Importance of Assessing Racial and Economic Disparities

Authors: Boscarino, Joseph A.; Chang, Jeani

Conclusion: Our study suggests African American patients and those from lower SES communities are at greater risk of death following a breast cancer diagnosis.

Implications: The increased risk of death for African American women after a diagnosis of breast cancer is significant and warrants further surveillance and investigation.

Abstract No.: 1064 (E4)

Factors Influencing Breast Cancer Screening Interval Trends in Canadian Program With Biennial Screening Guideline

Authors: Onysko, Jay; Mai, Verna; Bancej, Christina; Bryant, Heather; Chiarelli, Anna; Harrison, Lois

Session Objective: Participants will understand factors contributing to annual screening in organized programs with a biennial screening guideline.

Background and Purpose: Over a five year period (1994-98) an increase in the proportion of women screened annually in programs with biennial interval guidelines has been observed. Three factors might explain this increase: physician recommendations; compliance with recommendations; and, client-initiated screening.

Study Design: The Canadian Breast Cancer Screening Database (CBCSB) was established to monitor and evaluate organized Canadian breast cancer screening programs. Available information includes client demographics, program screening events, diagnosis tests, and cancer follow-up. Data were pooled from provincial programs with a biennial screening interval guideline. Client compliance with program recommendations was assessed retrospectively.

Study Population and Setting: Approximately 710,000 Canadian women ages 50 to 69 screened between 1994 and 1998.

Method of Analysis: Client behavior was categorized for descriptive exploration, cross-tabulation, and chi-square tests for difference in proportions.

Findings: The data suggest an increase in the number of recommendations for annual screening by referring physicians or radiologists (1994: 9.6% vs. 1998: 17.2% (of all recommendations); improving continued compliance with recommendations for annual screening (1994: 59% vs. 1998: 75.4%); and an increase in the proportion of client-initiated (without recommendation) annual screens (1994: 1.2% vs. 1998: 1.6% (of all women screened)

Conclusions: All three factors independently contribute to increasing rates of annual screening. Changes in the target population's risk-profile (particularly family history) may also contribute to increased referrals for annual screening.

Implications: The presence of a screening program in a population may, overtime, contribute to increasing prevalence of risk factors that, in turn, may come to have an impact on the screening intervals observed in those programs.

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Abstract No.: 1065 (POSTER #03)

Achieving the HP2010 Oral Cancer Objectives: Maryland's Model

Authors: Horowitz, Alice M.; Goodman, Harold S.; Drury, Thomas F.; Canto, Maria T.;

Session Objectives: Participants will be able to describe the Maryland model of oral cancer prevention and early detection.

Background and Purpose: Nearly 30,000 new cases of oral and pharyngeal cancers and about 8,000 deaths from them occur annually in the US. Overall survival is 52% and has not changed in several decades. Each day in Maryland, two persons die from oral and pharyngeal cancers; most are detected at late stages. Maryland has the 7th highest overall mortality rate and one of the highest among black males.

Study Design: A statewide needs assessment of knowledge, opinions and practices using mailed surveys or telephone interviews and focus groups.

Study Populations and Setting: Maryland, adults, physicians, dentists, dental hygienists and nurse practitioners.

Methods of Analysis: Qualitative and quantitative analyses were performed.

Findings: Only 28% of Maryland adults had ever had an oral cancer examination and most were not very knowledgeable about oral cancer prevention and early detection. Although all of the provider groups were knowledgeable about the primary risk factors for oral cancer; many did not know signs and symptoms and have extensive misinformation. Further, most providers did not provide oral cancer examinations on a routine basis and many did not provide oral cancer examination on a routine basis and many did not ask their patients about risk factors for oral cancer.

Conclusions: Early detection is pivotal to reduce mortality and morbidity from oral and pharyngeal cancers. To address HP2010 oral cancer objectives, a partnership has evolved with diverse groups and agencies.

Implications for Cancer Prevention and Early Detection: Maryland now has the baseline data upon which to develop and implement educational interventions for all groups to increase awareness and earlier detection of oral cancers and thus reduce morbidity and mortality.

Abstract No.: 1066 (POSTER #06)

Oral Cavity and Pharynx Cancer Incidence Rates in the United States 1975-1996

Authors: Canto, Maria Teresa; Devesa, Susan S.

Session Objectives: At the end of this session, participants will be able to describe the U.S. patterns for oral cavity and pharynx cancers according to histologic type, anatomical site, sex and race.

Background and Purpose: Evaluate incidence rates for oral cavity and pharynx (OCP) cancers by histologic type, anatomical site, race and sex to identify subgroups that may be etiologically distinct.

Study Population and Setting: Data were from nine SEER population-based registries.

Methods of Analysis: Rate ratios were calculated, and figures portraying temporal trends prepared using a log scale and uniform y:x axis ratios to allow comparisons between figures.

Findings: The male/female rate ratios ranged from less than 1.2 for adenocarcinoma (AC) to 3.8 for squamous cell carcinoma (SCC) and more than 10.0 for Kaposi's sarcoma (KS). Male black/white rate ratios exceeded two for cancers of the palate, tonsil and other pharyngeal subsites, except the nasopharynx. In contrast, rates were higher among white males than black males for cancers of the lip and salivary glands. Among females, rates by race were similar for SCC and AC and all oral sites with the exception of lip, whereas rates for most subsites in the pharynx were higher among blacks than whites.

Conclusions: Findings suggest that OCP cancers may be separated into SCC of the lip, SCC of the oral cavity, SCC of the pharynx, AC and KS.

Implications for Cancer Prevention and Early Detection: Valuable information to identify where disparities related to oral cancer exist.

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Using Science to Build Comprehensive Cancer Programs

CONFERENCE ABSTRACTS

Abstract No.: 1067 (E8)

Your Cancer Risk: An Interactive Tool for Assessing Individual Cancer Risk

Author: Colditz, Graham A.

Session Objective: At the end of this session, the participant will be able to describe the characteristics of an innovative, web-based, method for estimating an individual's cancer risk.

Individuals' perceptions of cancer risk are poor, yet prediction of cancer risk remains a minor component of current health risk approvals. To address this, we developed an interactive, web-based tool (www.yourcancerrisk.harvard.edu) that provides individuals with personalized assessments of their cancer risk as well as prevention strategies tailored to meet their needs.

To develop the tool, we used group consensus among researchers at Harvard Medical School and Harvard School of Public Health to identify risk factors as definite, probable, and possible causes of cancer. For each risk factor, we allocated points according to the strength of the causal association. As an individual responds to a brief questionnaire, the tool sums the individual's risk points and divides them by the population average, which corresponds to the average cancer risk reflected in SEER. The tool then ranks the individual's cancer risk (relative to the US population average) on a seven-level scale and provides tips for lowering risk.

Strategies to promote Your Cancer Risk have included pitches to a number of media outlets, including local and national newspapers and television stations, wire services, web sites, and group email lists. Since the tool was launched on January 19th, 2000, it has received over 28 million hits and 3 million page views. It receives an average of 8,000 page views per day, with an average duration of approximately ten minutes. Future goals for this project include the dissemination of Your Cancer Risk to communities and individuals of diverse socioeconomic, racial, and ethnic backgrounds.

Abstract No.: 1068 (D1)

American Cancer Society Cancer Control Strategic Planning Model

Authors: Black, Bruce; Goodman, Jay; Wait, Kristina

Session Objective: At the end of this session, the participants will be able to: describe the steps in Logic Model planning; link organizational outputs to population-based outcomes; discuss the challenges of creating organizational change to improve health; apply logic model and assessment data to development of community based cancer control plans.

Program Purpose: Since 1998, the American Cancer Society (ACS) has been implementing a nationwide strategic planning process that merges theory and data for effective decision-making about program goals and outcomes.

Assessment of Need: In 1998, the American Cancer Society set broad, ambitious goals to reduce cancer mortality and incidence and improve the quality of life for cancer patients and their families. In order to achieve these goals, it was recognized that the organization must embark on an effort that included improved decision-making in implementing cancer control programs at all levels of the organization.

An assessment of the status of cancer control planning capacity included the following findings: regions and local communities lacked ways to understand their effectiveness, both short-term accomplishments and long-term impacts; data did not exist at a community level for many cancer control indices.

Regions and local communities needed information on effectiveness to make improvements in programs, to motivate people, and sustain momentum.

Resources were needed to analyze and/or collect community data to provide a picture of the health behaviors of the population. Local communities lacked data on community conditions, health and lifestyle trends at a level useful for planning.

Strategies: In 1998, a Cancer Control Planning Initiative employing regional staff dedicated to community cancer control planning was started to build the data foundation, provide technical assistance and training to staff/volunteers on community assessment and planning, promote state Comprehensive Cancer Control planning initiatives, assist with organizational strategic planning and track cancer control outcomes and activities.

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Using Science to Build Comprehensive Cancer Programs

CONFERENCE ABSTRACTS

Abstract No.: 1068 (D1) - (cont'd)

American Cancer Society Cancer Control Strategic Planning Model

Authors: Black, Bruce; Goodman, Jay; Wait, Kristina

Evaluation Approach: A baseline assessment of program planning efforts across the organization was conducted in 1998 at the outset of the planning initiative. Current evaluation efforts include a formal evaluation of community assessment and community action planning being conducted by Emory University.

Program Outcomes: The goal of the Cancer Control Planning Initiative is to institutionalize and organization-wide, data-driven planning system towards the achievement of community cancer control outcomes tied to Year 2015 goals and interim measures. Outcomes include:

Identification and application of community cancer control data sources for use in making decisions on outcomes, target populations, and interventions.

Development of a common set of cancer control standards and guidelines for program planning

Development of Division-specific planning resource data publications, which highlight community data.

Collaborative development of comprehensive, statewide cancer control plans with State Health Departments and other community cancer control partners.

Development and implementation of community-based cancer control plans supporting American Cancer Society Goals and Nationwide Objectives.

Outcomes to date include: ongoing development of an integrated nationwide cancer control plan; increased use of data at a community level for cancer control planning; the development of standards and guidelines for cancer control planning; increased involvement in state Comprehensive Cancer Control Planning Initiatives; the production of state data publications in collaboration with state Cancer Registries; and training and technical assistance tools for community assessment and community planning.

Implications for Practitioners: This presentation will describe the Logic Model Planning model used by ACS, how assessment is linked to organizational actions, and the challenges faced by implementing organized health planning.

Abstract No.: 1069 (D7)

Improving South Carolina Breast and Cervical Cancer Early Detection Program (SC BCCEDP) Recruitment Strategies through Geographic Information System (GIS), Census Data and Combined Social Marketing and Health Behavior Data

Authors: Evans, Vonda; Levitas, Betsy; Otterness, Conrad; Tvorik, Linda

Session Objective: Participants will be able to describe how utilization of GIS mapping, census data and the National Cancer Institute's Consumer Health Profile (CHP) data can improve program recruitment.

Program Purpose: To improve recruitment rates to SC BCCEDP with combined data from health behavior, lifestyle, consumer databases, GIS and the census through a partnership between the SC Department of Health and Environmental Control, American Information Service.

Assessment of Need: The numbers of women enrolled in the SC BCCEDP are particularly low in four geographical areas selected for intervention, with an average recruitment rate of 30.5% per year, well below the state recruitment average of 59%. Recruitment is challenging because many of the areas are rural and eligible women are difficult to identify.

Evaluation Approach: Recruitment strategies will be compared between controlled and intervention areas having similar GIS and CHP profiles. The controlled areas will continue current recruitment strategies. Strategies for the intervention areas will be based on utilization of the CHP data. The number of women recruited or referred will be determined by comparing pre- and post-intervention program data.

Program Outcomes: Expected outcomes include a 10% increase in the recruitment rate in the intervention areas. The utilization of these data sources will enable outreach workers to be more effective and efficient in their recruitment activities.

Implications for Practitioners: Using GIS, census and NCI's CHP data sources, recruitment to BCCEDP programs is expected to significantly increase. Program planners need to be aware of these important data sources that can be used to develop strategies to increase screening rates in rural women.

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CONFERENCE ABSTRACTS

Abstract No.: 1070 (D3)

Smoking Cessation as a State Employee Benefit Challenge and Opportunity

Authors: Freeman, Nancy; Burns, Marguerite; Remington, Patrick; Fiore, Michael

Session Objective: Describe the process undertaken to include treatment for tobacco dependence as a uniform benefit of the State health plan.

Program Purpose: Enable the Group Insurance Board (GIB) of Wisconsin to add treatment for tobacco dependence according to clinical practice guidelines (CPG) to the uniform benefits package.

Assessment of Need: In year 1999, the health insurance package available to State of Wisconsin employees did not include treatment for tobacco dependence. The smoking rate for state employees is less than among Wisconsin adults would like to quit smoking. With the development of CPG in 2000, it seemed opportune to provide the standard of care.

Strategies: A statewide coalition formed a work group to encourage the GIB to cover treatment of tobacco dependence. Members interviewed key staff to identify concerns, research responses. A comprehensive fact sheet and presentation were provided to a GIB study group. The new benefit was recommended and implemented as of 1/1/01.

Evaluation Approach: A 3-year evaluation is funded.

Program Outcomes: Benefit utilization will range from 2-10%. Benefit costs and costs for treatment of health effects to tobacco are known. With adjustments in co-pay, the new benefit is considered "cost neutral". Information will be sought to determine utilization. By September, we may have additional outcome information.

Implications for Practitioners: CPG should be the standard of care in all settings offering treatment for tobacco dependence. Each state's benefits plan should be reviewed for coverage. State insurance plans are considered the "bell weather" plan for private employers. In addition to benefiting many thousands of state employees, we can influence private sector employers to add the same benefit.

Abstract No.: 1071 (E3)

The Michigan Cancer Consortium (MCC) Monthly Theme Calendar

Author: Hager, Polly

Session Objectives: Discuss the purpose of the MCC Monthly Theme Calendar; list the resource materials available through the Monthly Theme Calendar; describe evaluation results and their implications.

Program Purpose: The MCC Monthly Theme Calendar was developed to assist member organizations in carrying out activities they agreed to undertake as part of the Michigan Cancer Consortium Initiative. It is designed to keep member organizations informed about designated cancer-related observations, and help members plan relevant educational and outreach activities.

Assessment of Need: While many organizations are willing to distribute information through their own communication channels, these same organizations often do not have the resources to develop cancer control materials to share with their constituents. MCC staff received requests for information that members could easily use, adapt, and share.

Strategies: The MCC Executive Committee and staff developed the Theme Calendar to coincide with national cancer-related observances for maximal impact. Resource materials for each of them include activity ideas, bullet points for articles, cancer fact sheets, and links to many other sources of cancer-related information.

Evaluation Approach: Members may provide feedback anytime via the website. Short-term evaluation plans include a structured discussion and brief survey during a MCC Board meeting. Intermediate plans involve development of a tracking system for the web site. Additional activities are also being considered, such as full member survey.

Program Outcomes: The primary expected outcome of the Monthly Theme Calendar is to facilitate an increase in comprehensive cancer control activities statewide. Over time, the hope is that there will be sustained activities in the MCC priority areas.

Implications for Practitioners: The MCC Monthly Theme Calendar provides member organizations with resource materials that can be downloaded, customized, and disseminated via existing communication channels with relative ease.

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Using Science to Build Comprehensive Cancer Programs

CONFERENCE ABSTRACTS

Abstract No.: 1072 (D1)

Building a Communication Infrastructure to Support Comprehensive Cancer Control in Michigan

Authors: Brookover, Patty; Callaghan, Carol; Yassine, May

Session Objective: At the end of this session, Participants will be able to explain how the MCC web site is being used to support implementation of the MCC Initiative.

Program Purpose: The Michigan Cancer Consortium (MCC) needed a communication infrastructure that would: promote collaboration among organizations; promote professional and public education related to priority cancer issues; disseminate pertinent information and resource materials to health professional; publicize the Initiative and recruit new partners.

Assessment of Need: Organizations joined the MCC to work together to achieve common goals. Each organization specified commitments to the Initiative and provided descriptions of current cancer control activities. The challenge was to make this information accessible and keep it current. The website allows users access to relevant MCC information, available at their convenience.

Strategies: A web site was created with features to provide general information to the public and tools for use by member organizations. (During this presentation, the web site will be demonstrated, including its searchable database with descriptions of partner commitments and cancer control activities; monthly theme calendar with related resources; etc.)

Evaluation Approach: The web site includes features that solicit direct feedback and suggested improvements. Computer programs are planned to track use of specific features by organizations. Various survey methods will be used to further evaluate the web site's effectiveness.

Program Outcomes: The web site is intended to improve communication among MCC members, increase collaboration among partners, and enhance professional and public education and other cancer control activities throughout Michigan.

Implications for Practitioners: The MCC web site offers an efficient means of communication that is relatively easy to update, and once established, simplifies dissemination of information. The web site provides important infrastructure, but will be effective only if MCC members visit the site regularly.

Abstract No.: 1073 (D3)

Comprehensive Cancer Control in a Collaborative Environment: An Economic Framework

Author: Stone, Glenda A.

Session Objective: At the end of this session, the participant will be able to identify the cost dimension of comprehensive cancer control (CCC) by using the framework established by the Michigan Cancer Consortium.

Program Purpose: The purpose of this session is to recognize how employing collaborative processes can enhance cost-efficient use of resources in CCC initiatives.

Assessment of Need: Distinctions between total product and marginal product are important because of the relevancy of marginal returns to policy makers. Competition among rival public interests dictates that each dollar expended be used toward its greatest benefit.

Strategies: A health production function depicts the relationship between the various levels of medical care and health. In this functional relationship it is normally presumed that the marginal productivity of medical care is positive and the incremental effect of medical care on health diminishes as more medical care is used. A collaborative mechanism, such as the one employed in Michigan, allows for a more efficient use of resources and, thus significantly positive marginal returns.

Evaluation Approach: A cost-effectiveness analysis will be employed to measure program success.

Program Outcomes: An increase in the number of partnerships around CCC activities in Michigan has been noted, and this trend is likely to continue. Thus, the many benefits of collaboration, including efficient resource utilization, are expected.

Implications for Practitioners: The implications for public health practitioners in CCC lie in identifying program initiatives characterized by significant marginal returns based on cost savings and value-added benefits.

The 2001 Cancer Conference

Using Science to Build Comprehensive Cancer Programs

CONFERENCE ABSTRACTS

Abstract No.: 1074 (D1)

Early Collaboration Measurement in a Comprehensive Cancer Control Initiative

Author: Mohr, Ruth A.

Session Objective: After this presentation, participants will be able to list 4 collaboration success elements that were significantly correlated with member satisfaction during early phases of Michigan's cancer initiative.

Background and Purpose: In 1996, the Michigan Cancer Consortium reinvented itself as an organization of organizations and began conscious pursuit of a public - private collaborative approach. The purposes of assessment are to understand collaboration development as an Initiative outcome and its association with specific processes.

Study Design: This is a multi-year study with data collection carried out at important points in the Initiative's life cycle (e.g. at the end of the action planning phase). Surveys and interviews are based on previous work in collaboration development. Populations surveyed or interviewed vary depending on the Initiative's phase.

Study Population and Setting: At the end of the action-planning phase, organizational representatives (34) were surveyed by mail (64% response rate) and selected key participants (5) were interviewed.

Methods of Analysis: Data was collected in fall 1999. Due to the small n, descriptive and correlation analysis were used for survey data. Qualitative analysis is being carried out on the interview data.

Findings: Overall, respondents reported satisfaction with Initiative development to date and that elements important to collaboration success were in place. A number of these elements were significantly correlated with the satisfaction measures.

Conclusions: Participants were willing to work in a collaborative manner and believed that the benefits of doing so were worth the cost of their time. This is a positive foundation for the challenging next phase of strategy implementation.

Implications for Cancer Prevention and Early Detection: Organizations are willing to participate in major collaborative planning effort for cancer control.

Abstract No.: 1075 (POSTER #30)

First Annual Progress Report Based on First Year of Implementation of the Collaboration-Based Michigan Comprehensive Cancer Control Initiative

Authors: Yassine, May; Stone, Glenda; Kuiper, Nicole; Mohr, Ruth

Session Objective: Participants will understand methods that are used to monitor and evaluate outcomes of the Michigan Cancer Consortium Initiative (MCCI).

Program Purpose: The Program was designed to collect data from MCC organizations on the first year of implementation using a standard format; assess progress towards the ten MCC priority objectives and measure cost attached to implementation; provide information for the first MCC Annual Report that will showcase the MCCI's accomplishments.

Assessment of Need: Organizations joined the MCC to collaborate to achieve common goals. Monitoring implementation and short-term outcomes is essential in evaluating success.

Strategies: Each MCC organization provided data on their specified commitments to the Initiative. Commitment data included descriptions of current or planned for cancer control activities. Data were entered into the MCC Database and were made accessible via the 'MCC Website' in a searchable database and in a 'Partner Directory.' This strategy was used to create awareness of ongoing activities among members, to encourage collaboration, and to provide a baseline. An implementation progress-reporting tool was disseminated. Data are due in April 2001.

Evaluation Approach: Data will be entered in the MCC database and analyzed by the MCCI evaluation staff. Findings will be summarized in the first MCC Annual report in September 2001 and will be presented in this proposed session.

Program Outcomes: An annual process will be established for collecting data from MCC members. These data represent one of the critical measures of short-term outcomes of the MCCI.

Implications for Practitioners: Planners and implementers will be shown a model tool and product that can be used to monitor, evaluate, and to present outcomes of a collaborative comprehensive cancer control initiative.

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CONFERENCE ABSTRACTS

Abstract No.: 1076 (D5)

Survey Assessment of Case Management Services in the Michigan Breast and Cervical Cancer Control Program

Authors: Yassine, May; DeLind, Anne; Kuiper, Nicole; Siegl, E.J.; Garlinghouse, Carol; Valliere, Paulette

Session Objective: At the end of this session, participants will have an understanding of the standard elements of appropriate and timely case management.

Background and Purpose: Women in the Michigan Breast and Cervical Cancer Control Program (MBCCCP) face multiple barriers in addition to emotional distress when they address abnormal screening results. This study looked at whether case management in the MBCCCP meets patients' needs and ensures that they receive comprehensive and timely follow-up.

Study Design: Using a standard form, a prospective 'Time Study' tracked the time program providers spent on case management services. Cross sectional surveys of Case Managers at local sites and of eligible patients were conducted.

Study Population and Setting: Case managers documented time they spent managing 84 cases with abnormalities during a three-month period. Fifty-four Case Managers and a random sample of 204 patients with abnormal screening results were interviewed.

Methods of Analysis: Descriptive statistical analyses were conducted. Average time spent and the proportion of time allocated to each element of case management were calculated. Results of the interviews were summarized by indicators of case management elements.

Findings: Most of the time was spent on coordination of care, developing a plan for care, assessment of needs, and patient education. Most elements of care were covered but providers needed additional training in providing psychological support to patients and in linking patients to community resources.

Conclusions: Programs can use support to meet the guidelines for comprehensive, efficient, and effective case management services. Patients valued supportive staff who can offer information and assistance to help them cope with their conditions.

Implications for Cancer Prevention and Early Detection: Study confirmed that approaching cancer care in a comprehensive manner that cares for the 'whole person' is important when striving for excellence in cancer prevention and early detection.

Abstract No.: 1077 (E3)

Evolution of Michigan's Statewide Public-Private Partnership to Support Comprehensive Cancer Control

Authors: Haviland, Sue; Callaghan, Carol

Session Objective: To describe the challenges in comprehensive cancer planning and implementation and implications for a statewide public-private partnership, and to describe strategies to transition the partnership and the role of the state health agency in supporting the partnership.

Program Purpose: Partnership development to achieve cancer control priorities, creation of a sustainable infrastructure to support comprehensive cancer control, and identification of resources needed to support the partnership during planning and implementation.

Assessment of Need: As comprehensive cancer control in Michigan transitioned from planning to implementation, it was recognized that the statewide partnership should change to more effectively address implementation needs and challenges.

Strategies: The state health agency, consultants and Michigan Cancer Consortium (MCC) leaders used a strategic planning model to identify comprehensive cancer issues and challenges. Steps were taken to shift the focus, function, and structure of the MCC from planning to implementation (expansion of membership, creation of a Board of Directors with organizational categories) and the role the state health agency was adapted to increase support to member organizations and to develop the MCC leadership structure.

Evaluation Approach: Several methodologies are being used to evaluate Michigan's model for a statewide public-private partnership in relation to 1) whether a collaborative approach to cancer control was successfully developed, and 2) whether the collaborative approach is sustainable.

Program Outcomes: Evolution of the MCC is intended to facilitate achievement of the priorities through statewide impact, to grow and institutionalize the commitment to MCC priorities, and to establish a sustainable statewide partnership as the core of Michigan's comprehensive cancer control infrastructure.

Implications for Practitioners: Public health practitioners will understand strategies and lessons learned in partnership development for comprehensive cancer planning and implementation.

The 2001 Cancer Conference

Using Science to Build Comprehensive Cancer Programs

CONFERENCE ABSTRACTS

Abstract No.: 1078 (D7)

Colorectal Cancer Screening in Local Health Departments

Authors: Chestnutt, Deborah H.; Straight, Michael

Session Objective: Participants will learn about using fecal occult blood testing (FOBT) in local health departments to screen for colorectal cancer. They will be able to list financial and staffing resources needed; daily workload involved in conducting FOBT, and requirements for follow-up of positive tests.

Program Purpose: To provide colorectal cancer screening and determine the feasibility of doing so in local health departments.

Assessment of Need: Colorectal cancer is the second leading cause of cancer death in the US. Most deaths can be prevented by early detection, but only about 30% of North Carolinians currently receive adequate screening.

Strategies: A six-month pilot project involving 15 health departments and 1459 clients was conducted. Each client was given a questionnaire and education about colorectal cancer. Clients were offered free FOBT kits and instruction on obtaining a sample. Clients who returned kits that tested positive were referred for further diagnostic testing.

Evaluation Approach: We tracked the number of people screened, followed the outcomes of positives screens, and interviewed health department staff regarding barriers encountered and resources and organizational change necessary to implement the program.

Program Outcomes: 1217 people received FOBT kits; 702 (58%) returned the kits; and 108 patients (15%) returned kits that tested positive and were referred for further testing. So far there have been 5 diagnoses of cancer and 9 polyps found in this group. Health departments expressed continuing interest in screening, but need funding for staff time and to help pay for follow-up testing.

Implications for Practitioners: Health Departments can get clients to participate in FOBT screening, but must address availability of diagnostic resources, financial resources, transportation, and clients who refuse further diagnostic follow-up.

Abstract No.: 1079 (POSTER #10)

Uninsured Persons with Cancer, North Carolina, 1997

Authors: Porterfield, D.S.; Dutton, G.

Session Objective: To demonstrate the use of tumor registry data to estimate numbers of uninsured cancer cases.

Background and Purpose: The proportion of patients with cancer who lack insurance is estimated to be 7%. Limited data suggest that uninsured patients present at a later stage and experience higher mortality. We used data from the cancer registry to estimate the burden of uninsured persons with cancer.

Study Design: Cross-sectional analysis of N.C. Central Cancer Registry data.

Study Population and Setting: Incident cancer patients in North Carolina in 1997.

Methods of Analysis: Insurance status was collapsed into five categories: Medicaid, Medicare, private, other, and uninsured. Frequencies of sociodemographic and clinical variables were compared using chi2 tests.

Findings: In 1997, 3.4% of incident cancer patients were uninsured. Uninsured patients averaged 51 years of age, compared to 51 for private, 47 for Medicaid, and 73 for Medicare. Among the uninsured, 27.8% were of minority race; among private, 15%, among Medicaid, 45.6% and among Medicare, 16.7%. Distribution of cancer sites varied among insurance types, including a higher proportion of lung and cervical cancers in uninsured than privately insured patients. In uninsured patients, 82.3% of colorectal cancers and 40% of breast cancers were diagnosed at a regional or distant stage. In private patients the respective proportions were 66.3% and 32.9%.

Conclusions: The proportion of cancer cases lacking insurance is lower than a national estimate. Uninsured patients with cancer differ from insured patients in their sociodemographic and clinical characteristics, including stage at diagnosis.

Implications for Cancer Prevention and Early Detection: Early detection for uninsured persons with cancer can be strengthened through an understanding of sociodemographic and clinical characteristics of these patients.

The 2001 Cancer Conference

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CONFERENCE ABSTRACTS

Abstract No.: 1080 (D8)

Building Capacity to Do and Use Evaluation: The Collaborative Evaluation Fellows Project (CEFP) as an Organizational Strategy

Authors: Compton, Don; Rieker, Patricia; Richardson, Liana; Miner, Kathleen; Wetterhall, Scott

Session Objective: Participants will have an increased understanding of the skills to be acquired and the issues surrounding the process of evaluation capacity building. The presentations will show how the Collaborative Evaluation Fellows Project has been implemented by the American Cancer Society and adapted by three health departments and the Centers for Disease Control and Prevention as an organizational strategy for advancing training and building evaluation capacity to produce low-cost, practical, useful evaluation.

Program Purpose: The purpose of the CEFP is to integrate evaluation into organizations' program planning, implementation and outcome assessment process by building evaluation capacity through collaboration with local universities that provide practical training experience for graduate students in public health and other relevant fields.

Assessment of Need: Currently, state and county departments of health (and health-related organizations) are searching for low-cost ways to evaluate their programs that will provide useful, practical information for program improvement. However, most agencies do not have the resources to contract with professional evaluators to meet all their evaluation needs. The CEFP is one way of responding to this need.

Strategies: Key strategies for accomplishing the program purpose includes: collaboration between local organization offices and universities nationwide; development of a systematic process for implementing evaluation based upon the Utilization-Focused Evaluation approach; training of project participants, and a feedback loop.

Evaluation Approach: An outside evaluator with support of an evaluation advisory group evaluates the CEFP.

Program Outcomes: Intended outcomes include improved services for cancer patients and their families, more rational decision-making, increased capacity for evaluation and organizational learning, and suggestions for diffusion of the model throughout an organization.

Implications for Practitioners: Implications for practitioners include greater understanding of how evaluation can contribute to improved programs, policies and services and knowledge of a proven approach to building evaluation capacity.

Abstract No.: 1081 (D3)

The Relationship Between Cost and the Number of Cancer Cases Registered in the National Program of Cancer Registries

Authors: Berg, Gregory D.; Weir, Hannah; Mansley, Edward C.; Belloni, Kimberly A.

Session Objective: To examine the relationship between cost and the number of cancer cases registered for each state in the National Program of Cancer Registries (NPCR).

Background and Purpose: The NPCR supports statewide, population-based cancer registries that monitor local trends in cancer incidence and mortality. We are interested in evaluating the costs of the program relative to the number of cancer cases registered.

Study Design: A cross section regression analysis.

Study Population and Setting: States that participate in the NPCR.

Methods of Analysis: Least Squares with heteroskedastic consistent covariance estimation was used to explain total cost and average cost across output levels while controlling for potential confounders.

Findings: Average costs range between \$14 and \$88 per cancer case registered for states with an established registry before federal funding began and between \$15 to \$233 for states who began a registry with the onset of the NPCR. Regression results suggest that average cost decreases across output levels initially, but then increase at higher levels.

Conclusions: These results suggest that average costs of registering a cancer case for these kinds of public health surveillance programs vary by state and vary by the number of cancer cases registered which is consistent with U-shaped average costs in economic theory.

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CONFERENCE ABSTRACTS

Abstract No.: 1082 (D7)

Integrating Colorectal Cancer Screening and Prostate Cancer Education into New York's Existing Breast and Cervical Cancer Screening Program

Authors: Couey, Lynn; Hutton, Brad

Session Objective: At the end of this session, the participant will learn from New York State's (NYS) experience integrating colorectal cancer screening and prostate cancer education (CPI) with its statewide breast and cervical cancer screening program (BCCSP). They also will be able to describe challenges and solutions to integrating fiscal and program management, data collection and public education activities.

Program Purpose: To demonstrate that integration of cancer programs can both streamline and increase the effectiveness of cancer detection and control across the state.

Assessment of Need: Publicly funded colorectal cancer screening programs are being considered in many states across the nation. Increasingly, program contractors have been working together to integrate their services and messages. Efficient methods of integrating programs will allow for more services to be provided to poor underserved population.

Strategies: A request for application was developed to solicit proposals from communities to design integrated screening programs to serve as models. The NYS Department of Health is providing unprecedented support for the development of shared data collection, messages and program policies.

Evaluation Approach: The success of this program will be evaluated in part by the number of clients enrolled in the BCCSP program who receive colorectal cancer screening and prostate cancer education. In addition, we will measure the number of clients in the CPI program that are referred to the BCCSP.

Program Outcomes: Programs will realize economies of scale through the use of shared staffing and overhead costs associated with the provision of cancer screening services. They also will benefit from collaboration in regards to the development of common health messages, outreach strategies and programming. States can build upon the success of breast and cervical cancer screening programs to provide enhanced services to the underserved population that they serve.

Abstract No.: 1083 (E7)

The Success of Incentives for Cancer Screening Recruitment in Native American Women

Authors: Lopez, Kerri; Mercier, Leeanne; Erb, Julie

Session Objective: At the end of this session, the participant will be able to better plan strategies for outreach to Native women in a culturally appropriate manner and implement and evaluate their program. The presenters' approaches will vary from their individual programmatic needs. A small rural program, a large tribal area covering several clinics, and a metropolitan urban program will be discussed. The audience will better understand the successes and challenges of the National Breast and Cervical Cancer Program in Indian Country. Participants will leave with a basic knowledge of the unique barriers of breast and cervical cancer screenings with American Indian women and techniques to overcome them.

Program Purpose: To reduce the breast and cervical cancer morbidity and mortality in Native American women by providing screening and diagnostic services, tracking, follow-up, and cases-management, public health education and outreach, professional education, quality assurance and improvement, management, and surveillance and evaluation.

Assessment of Need: Although the age-adjusted incidence of breast cancer among indigenous women is significantly lower than other populations, the Indian Health Service (IHS) estimates that Native American women are dying of breast cancer at higher rate than other American women. Research indicates that the incidence and mortality rates of cervical cancer in Native women are higher than that of the U.S. all races population.

Strategies: The three programs will share community outreach approaches and unique barriers that are present in each setting and issues of tribally funded versus state funded programs will be discussed.

Evaluation Approach: Programs will share the tools and methods used to evaluate their outreach strategies. Present evaluations includes tracking forms, sign in sheets, referral forms outreach forms, Cancer Surveillance and Tracking System (CaST) and quarterly evaluations. A number of the Native programs participated in a project with the Batelle Research group to measure effectiveness and determine what is working and what is not. Tools used for statistical tracking include RPMS, CaST, and Trends in Indian Health, Healthy People 2000, and the Centers for Disease Control and Prevention Statistics.

The 2001 Cancer Conference

Using Science to Build Comprehensive Cancer Programs

CONFERENCE ABSTRACTS

Abstract No.: 1083 (E7) - (cont'd)

The Success of Incentives for Cancer Screening Recruitment in Native American Women

Authors: Lopez, Kerri; Mercier, Leeanne; Erb, Julie

Program Outcomes: All program eligible women in each service area targeted to quality screening services on an ongoing annual basis. Each program has made a significant impact on their respective communities in regards to increasing access to screening, number of women screened, and awareness of providers and the community of the importance of screening.

Implications for Practitioners: Programs will have the capability of bringing in high risk women to their programs. Models for effective outreach to high risk and hard to reach women for breast and cervical screening will be shared.

Abstract No.: 1085 (E6)

Follow-Up of Men Who Participate in Free Prostate Cancer Screening: Who Gets Screened and Why

Author: Price, Marva

Session Objective: Participants will learn who attends free mass screening programs for prostate cancer detection; motivating factors for participation; and issues in follow up.

Background and Purpose: Prostate cancer continues to rise in the United States at a faster rate for African American men than for White men. A prostate screening tracking system determined who attends free mass screening clinics, and assessed systematic follow up of abnormal prostate specific antigen tests and digital rectal examinations.

Study Design: A survey was administered to 983 subjects to determine characteristics of men who seek free screening, and how participants used the results of early diagnosis and treatment of prostate cancer. Fifty-eight African American men were recruited into focus groups to gather concerns and beliefs about prostate cancer screening and prostate cancer.

Methods of Analysis: Descriptive statistics and Atlas computerized qualitative analysis program were used.

Results: Participants were likely to be older, highly educated, and at higher income levels. Motivating factors for screening came from a spouse or significant other; because a relative had been diagnosed, or to preserve their health. Focus group results found several inhibiting factors among African American men that prevented screening. Forty screening participants who had abnormal results did not get follow up.

Conclusion: African American men of similar educational and incomes were nearly as likely as White men to participate in free mass screening. Factors that motivated and inhibited screening were determined. Some men do not follow up on abnormal results.

Implications for Cancer Prevention and Early Detection: More work needs to be done to understand how to get men who are less well educated, or of lower incomes to show a comparable interest in screening.

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Abstract No.: 1086 (POSTER #12)

Community Health Workers: The Link Which Integrates Communities and Health Research

Author: Lisovicz, Nedra

In many underserved and minority communities, health care and service providers find it hard to provide services to what many people call "hard to reach" populations. One example of this population is migrant farm workers. Community health workers, also called lay health workers or community health advisors, can bridge the gap between their community and the health care system by providing culturally sensitive and linguistically appropriate messages to community members (Eng et al. 1997).

The community health workers model of community organization and education has been used effectively in the Delta of Mississippi and is now being used by the NCI funded Deep South Network for Cancer Control in both Mississippi and Alabama. This project seeks to spread cancer awareness messages in underserved and minority populated areas of both states by partnering with community health advisors trained as research partners (CHARPs) to spread the messages within their social networks.

The purpose of this session is to help health educators and program planners effectively influence the health of community members, even "hard to reach" populations, by partnering with community health advisors from the community they wish to reach. The specific aims of this program are to help participants: 1) Describe how community health workers can be the link between communities and researchers; 2) Identify community health advisors in a community; and 3) Discuss ways to keep community health workers interested in your program. Evaluation of community health advisor programs is generally difficult because the workers are volunteers. By developing a training pre- and post-test instrument and gathering data about the advisors themselves as well as talking to community members, can provide a picture of the changes in the community from the program.

Abstract No.: 1087 (D6)

Time Spent Outside the Levels of Ultraviolet Radiation Received by Young Children

Authors: O'Riordan, David L.; Stanton, Warren R.; Gies, Peter H.

Session Objective: Participants will identify the factors that influence the amount of time that young Australian children spend outside and the levels of Ultraviolet Radiation (UVR) they receive.

Background and Purpose: The purpose of this presentation is to identify the factors that influence the amount of time that young Australian children spend outside, the levels of UVR exposure they receive, and to outline implications that emerge as result of this research.

Study Design: Data was obtained over four consecutive days using daily diaries and polysulphone dosimeters.

Study Population and Setting: This study was a community-based project undertaken in Southeast Queensland, Australia, which involved 412 young children (0-4 yrs) and their mothers.

Methods of Analysis: Data was analyzed in SPSS using ANOVA. Levels of UVR obtained with polysulphone dosimeters were measured in Joules per meter squared (J/m).

Conclusions: While significantly more time was spent outside on the weekend, young children may be spending more time under shade, which has resulted in little difference in the levels of UVR received on weekdays or weekend. Increased autonomy and mobility may result in toddlers spending more time outside and receiving higher levels of UVR than infants.

Implications for Cancer Prevention and Early Detection: Sun safety interventions should target primary caregivers and focus on the age of the child, the period of the week and continue to reinforce the use of shade while outside. Time spent outside appears to be a poor estimate of UVR exposure as it lacks the sensitivity to account for other factors that can influence an individual's exposure. Further research is required to quantify patterns of exposure throughout childhood to determine the relationship between childhood exposure and the development of skin cancer.

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Abstract No.: 1088 (POSTER #07)

Mammography: Subgroup-Specific Effects of Questionnaire Wording on Population-Based Screening Prevalence Estimates

Authors: Siegel, Paul Z.; Qualters, Judith R.; Mowery, Paul D.; Campostrini, Stefano; Leutzinger, Craig; McQueen, David V.

Session Objective: Participants will be able to discuss at least one potential positive and one potential negative effect of making changes to a questionnaire that is used for public health surveillance.

Background and Purpose: To investigate whether an apparent downturn in the reported prevalence of mammography use in the 1992 Behavioral Risk Factor Surveillance System (BRFSS) resulted from the added description of the term mammogram as an X-ray that “ involves pressing the breast between two plastic plates”.

Study Design: Pre-test and post-test 1990-1991 vs. 1992

Study Population and Setting: Female respondents to the BRFSS 40 years or older.

Methods of Analysis: Piecewise linear regression based on monthly prevalence estimates of mammography use.

Findings: The estimated prevalence of mammography use (“ever had a mammogram”) in Jan 1992 was 3.5 (s.e.=1.0) percentage points (pp) lower when predicted from 1992 data (72.8%) than when predicted from 1990-91 data (76.3%). The difference was greatest for Black women who had less than a high school education, 13.6 pp (s.e.=5.6).

Conclusions: The effect of questionnaire wording should be taken into account when comparing 1992 BRFSS mammography data with data from other years; this effect appears to be greatest among Black women and women with less than a high school education.

Implications for Cancer Prevention and Early Detection: Public health practitioners and researchers who conduct trend analysis should be aware of concerns regarding the comparability of 1992 BRFSS mammography data to BRFSS mammography data from other years, as well as mammography usage data from other systems.

Abstract No.: 1089 (POSTER #28)

The Community Guide's System Intervention to Change Provider Behavior to Increase Screening for Breast, Cervical, and Colorectal Cancer.

Authors: George, Prethibha; Briss, Peter; Tannor, Bernice

Session Objective: To familiarize participants with *The Guide to Community Preventive Services (the Community Guide)*, focusing on provider and health care oriented system interventions to improve delivery of cancer screening.

Program Purpose: The Community Guide's purpose is to develop recommendations based on systematic reviews to help decision makers choose the most effective interventions.

Assessment of Need: In 2001, breast, cervical, colorectal cancer will account for about 27% of all new cancer and 18% of cancer deaths. To increase screening, change is needed in the behavior and attitudes of providers as well as patients. This presentation will discuss work in progress on evaluations of provider reminders, assessment/feedback, incentives, and various combinations of these interventions to increase provision of cancer screening.

Strategies: Community Guide systematic reviews involve convening a multidisciplinary group of experts, a systematic search for intervention studies, a detailed assessment of the studies, qualitative and quantitative summaries of the evidence, and an explicit process to link evidence to recommendations. The recommendations are widely disseminated to interested audiences.

Evaluation Approach: The Community Guide has a “diffusion” team that coordinates the dissemination and evaluation of the recommendations.

Program Outcomes: The recommendations can be used to change provider behaviors, resulting in an increase in cancer screening.

Implications for Practitioners: The Community Guide can help practitioners make informed and practical decisions regarding approaches to breast, cervical, and colorectal cancer screening.

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CONFERENCE ABSTRACTS

Abstract No.: 1090 (POSTER #29)

The Community Guide: Systematic Review of Cancer Screening Programs

Authors: Tannor, Bernice; George, Prethibha; Breslow, Rosalind

Session Objective: To give an overview of the Guide to Community Preventive Services systematic reviews of interventions. To describe one of the systematic reviews on the effectiveness of incentive programs.

Program Purpose: The purpose of the Community Guide's systematic reviews is to provide accurate and current information about public health services and policies to people who make decisions about those services and policies.

Assessment of Need: The Guide to community Preventive Services will provide systematic reviews and evidence-based recommendations regarding 15 key health topics including health behaviors, healthy environments, and specific conditions like cancer.

Together, breast, cervical, and colorectal cancers are expected to account for approximately 27% of all new cancers and 18% of cancer deaths in 2001. Early detection of these cancers would save lives and increase treatment options. Incentive programs is one approach program planners are taking to increase the number of women being screened.

Strategies: The cancer systematic review has screened more than 7000 articles to identify intervention studies that increase use of effective screening services, access and delivery of services by providers and systems.

The incentive articles reviewed are defined as providing financial or other incentives to motivate persons to accept cancer screening. We identified a total of four that met our prespecified inclusion criteria. Analysis is ongoing and results will be presented.

Evaluation Approach: Plans are being made to evaluate the impact of the reviews and recommendations on key program outcomes as defined below.

Program Outcomes: Awareness of the guide, knowledge about intervention options and their effectiveness, and public health practice.

Implications for Practitioners: The Community Guide to Preventive Services is a practical guide for health care and public health professionals who have limited time in researching and discerning effective programs and policies.

Abstract No.: 1091 (D1)

Working Together for Comprehensive Cancer Control Planning: An Institute for State Leaders

Authors: Belle-Isle, Lori; Graffunder, Corrine; Given, Leslie; Black, Bruce; Shifflett, Pat

Session Objective: At the end of this session, the participant will be able to: describe the Comprehensive Cancer Control Leadership Institutes conducted in the US; discuss the Comprehensive Cancer Control (CCC) state planning concept; discuss the technical tools that are available to states to implement CCC.

Program Purpose: In 2000, the American Cancer Society and US Centers for Disease Control and Prevention began a series of Comprehensive Cancer Control: Institutes for State Leaders. The Institute is a 2 1/2 day interactive summit that focuses on state leaders clearly defining articulating a vision for statewide comprehensive approach to cancer prevention and control that maximizes existing resources and creates opportunities for new programs across the full spectrum of activity from prevention through palliation.

Assessment of Need: While over the last decade there has been tremendous growth in the scope and number of programs designed to reduce the burden of cancer among the American population, these programs generally address a particular cancer site (breast, prostate, etc) or the reduction of specific risk factors (e.g. tobacco use).

Many stakeholders involved in cancer prevention and control activities have recognized that coordination among categorical programs is often uncommon and this may lead to duplication of effort and missed opportunities for cancer prevention and control.

No single organization or agency has the capacity to address all the cancer control needs within a state.

While substantial accomplishments have been made in cancer prevention and control, there exist unacceptable disparities among racial and ethnic minority and medically underserved populations.

Strategies: The Institute highlights a wide range of comprehensive cancer control strategies and approaches and provides useful tools to support the implementation of the action agenda. These approaches follow traditional health education/health promotion models including a series of Building Blocks as core components. These building blocks include: enhancement of infrastructure, mobilizing support, utilizing data and research, building partnerships, assessing and addressing the cancer burden, and conducting evaluation.

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Abstract No.: 1091 (D1) - (cont'd)

Working Together for Comprehensive Cancer Control Planning: An Institute for State Leaders

Authors: Belle-Isle, Lori; Graffunder, Corrine; Given, Leslie; Black, Bruce; Shifflett, Pat

This session will address the ongoing assessments being conducted to both refine and evaluate the Institute and highlight a series of tools and resources including a guidance document and tool kit currently available to assist in planning efforts.

Evaluation Approach: States that participate in the Leadership Institutes participate in an evaluation in 3, 9, and 12-month intervals. The evaluation assesses the state team's CCC activities since the institute.

Program Outcomes: Built upon the foundation for Comprehensive Cancer planning (J. of Public Health Management Practice, 2000), the desired outcome from the Institute is significant new action taken by state leaders within a state to initiate or enhance activities leading to comprehensive cancer control within six months of the completion of the institute. During the Institute state leaders establish an action agenda which compliments their on-going efforts of planning for comprehensive cancer control.

Implications for Practitioners: This presentation will describe the comprehensive Cancer Control Leadership Institute and Comprehensive Cancer Control planning concepts as well as the challenges of planning and implementing a statewide comprehensive cancer control plan.

Abstract No.: 1092 (D1)

Concept Mapping: A Tool in Planning for Comprehensive Cancer Control

Authors: Kerner, Jon; Given, Leslie

Objectives: At the end of this session, participants will be able to describe the 6 steps involved in concept mapping and discuss the utility of such a process to cancer planning and evaluation.

The American Cancer Society, US Centers for Disease Control and Prevention and National Cancer Institute (NCI) are supporting a series of Comprehensive Cancer Control Institute's for State Leaders. Each Institute is a 2 1/2 day interactive summit that focuses on state leaders clearly defining and articulating a vision for a statewide comprehensive approach to cancer prevention and control that maximizes existing resources and creates opportunities for new programs across the full spectrum of activity from prevention through palliation. Following two initial pilot institutes, a concept mapping planning process was introduced to the Institute for State Leaders in an effort to: 1) expand the level and representativeness of input into the agenda setting process, 2) provide the faculty and participants with a "real time" assessment of perceived enablers and barriers to cancer control and 3) facilitate "consensus" building that would support the Institute participants ability to move quickly to identification of necessary action items. Concept mapping is defined as "a structured conceptualization" which can be used by groups to develop a conceptual framework, which can guide evaluation or planning. Typically six steps are involved including: 1) preparation, 2) statement generation, 3) statement structure, 4) representation of statements, 5) interpretation of concepts maps, and 6) utilization of maps. This session provides an overview of the concept mapping process as used for this purpose and will report on the findings and outcomes of this process for cancer planning.

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Abstract No.: 1093 (POSTER #04)

The Prevalence of Sunburn Among Adults in the United States

Authors: Saraiya, M.; Hall, H.I.; Uhler, R.J.

Session Objective: Knowledge of the prevalence and predictors of sunburn among US adults.

Background and Purpose: Sunburn is a marker of sun exposure, the most modifiable risk factor in preventing skin cancer. To document the national and statewide prevalence and correlates of sunburn in the past year, we analyzed data from the 1999 Behavioral Risk Factor Surveillance System.

Study Design, Population, and Setting: A population based telephone survey of adults ≥ 18 years in all 50 states.

Methods of Analysis: We used SUDAAN software to estimate the weighted prevalence of sunburn and to determine the important covariates of sunburn.

Findings: Of 156,354 adults, 31.7% (95% confidence interval) reported a sunburn in the past year. A recent sunburn was highest among white non-Hispanic males (43.7%) followed by white non-Hispanic females (32.2%) and was lowest among Black non-Hispanics (5.5%). Statewide period prevalence of sunburn among whites was highest ($>45\%$) in many Midwestern states but lower ($<27\%$) in sunnier state such as Arizona and Florida. The strongest predictors of sunburn among the white population were younger age, non-Hispanic ethnicity, and male gender. Other variables emerging as significant predictors included having higher education, living in an area where the annual solar radiation is low, having 2 or more children, not having seen a doctor in the past year, and binge drinking.

Conclusions: Being sunburned in the past year is a common occurrence among white persons.

Implications for Cancer Prevention: An assessment of the prevalence of sunburn, associated factors, and future monitoring will help to indicate effectiveness of protection behaviors and to indicate areas to be addressed in nationwide and regional skin cancer prevention efforts.

Abstract No.: 1094 (D4)

Progress in Cancer Screening Over the Past Decade

Authors: Breen, N.; Wagener, D.; Davis, W.; Brown, M.; Ballard-Barbash, R.

Session Objective: Participants will be able to describe the relationship between sociodemographic and health policy determinants and the trends in utilization of various cancer screening modalities and to predict the increase in utilization rates of demographic groups if program policies were to change specific determinants.

Background and Purpose: Screening to detect cancer early, an increasingly important cancer control component, cannot be effective unless it is widely used. The trends in utilization over the past decade and current relationship with important health services theory predictors are evaluated.

Study Design: Use of National Health Interview Survey data from 1987, 1992, and 1998.

Study Population and Setting: Noninstitutionalized civilian US population.

Methods of Analysis: Frequencies, logistic regression.

Findings: Utilization increased for all screening modalities, more rapidly in the first half of the decade for mammography and digital rectal examination and during the second half of the decade for Prep and endoscopy. Patterns of change differ between age, gender, and racial/ethnic groups. Logistic regression analyses indicated that insurance coverage and, even more importantly, usual source of care had strong independent effects. A model is presented to predict the change in average usage rate of screening resulting from changes in program policies.

Conclusions: Public health interventions need to target groups with low income, without insurance, lacking a usual source of care, and older Americans. Cancer screening would be more accessible and the model predicts the rates of use would presumably be higher if health insurance coverage and assurance of a usual source of care were the national norm. Cancer screening promotion could be more effective if behavior interventions were designated for groups with low educational attainment issues of access to care.

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Abstract No.: 1095 (E6)

Did the Advent of PSA Testing Alter the Geographic Distribution of Prostate Cancer Incidence?

Authors: Gregorio, David I.; Kulldorff, M.; Sheehan, J.; Samociuk, H.

Session Objective: Connecticut's average age-adjusted prostate cancer incidence rate changed markedly between 1985-89 and 1990-94 (77.3 to 138.7 cases per 100,000). Proliferation of Prostate Specific Antigen (PSA) testing during that period is believed responsible for much of that increase. Less clear is whether, and how, diffusion of this technology affected the geographic distribution of cases.

Study Design: Longitudinal, population-based surveillance.

Study Population and Setting: 27,000 incident prostate cancer cases were reported to the CT Tumor Registry for 1985-99. A data file geocoded to place of residence at time of diagnosis for 90% of those recodes is available.

Method of Analysis: We will report on our progress to evaluate spatial and space-time differences in age-adjusted prostate cancer incidence rates. A spatial scan statistic, calculated using SaTScan software, will be used to identify geographic differences in incidence rates across Connecticut for 3 discrete time periods: 1985-89 (preceding), 1990-94 (during) and 1995-99 (following wide scale dissemination of PSA testing). Then, by combining data for the 1985-99 period, we will evaluate rate differences over time and for place-by-time interaction. Subgroup analyses, defined by demographic (age, race/ethnicity) and tumor (size, grade, extent) characteristics will be reported.

Implications: Diffusion of a new clinical preventive service can affect the distribution of cancer cases among the population. Distinguishing geographic patterns in disease incidence that result from variations of underlying exposures and population composition on the one hand, and factors affecting disease detection on the other is important when searching for causes of the disease as well as for providing clinical services for at-risk individuals.

Abstract No.: 1096 (E1)

A Rural Collaboration With a Corporate Sponsor and the Community to Supplement Breast Cancer Treatment Costs for Low-Income, Uninsured Women

Authors: Kelly, Rebecca; Pistolesi, Terry

Session Objective: At the conclusion of this session the participants will know how to establish a collaborative fundraising effort between Chronic Disease Programs, the community and a corporate sponsor.

Program Purpose: Developing a Partnership for raising money to support diagnostics and treatment of breast cancer in uninsured women.

Assessment of Need: very large geographic area composed of the three counties in Thousand Island Area New York, economically depressed, physician shortage area. 80% of the women in this area fall within 250% of the Federal Poverty Guidelines. Above average late diagnosis rate of breast cancer.

Strategies: BCDEP partner with Time Warner (Corporate Sponsor), community participant artisans, business participants local health units, hospitals (8), physicians and others to offer a formal dinner/dance, silent and regular auction of donated articles, for the purpose of raising money supplement State/Fed grants in the cost of treatment for women diagnosed in program.

Evaluation Approach: Program's progress and success are measured by donation, money raised, and women's treatment expenses paid.

Program Outcomes: Over \$65,000 has been raised and over 1800 women have been served with combination of the grant for diagnostics and the fundraiser for treatment.

Implication for Practitioners: "It takes a village."

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Abstract No.: 1097 (D4)

Mammography and Colorectal Cancer Screening Among U.S. Women, Behavioral Risk Factor Surveillance System, 1999

Authors: Holtzman, Deborah; Mack, Karin

Session objectives; Participants will understand the prevalence of recommended current cancer screening practices among U.S. women by age and race/ethnicity.

Background: National guidelines recommend that persons aged >49 years at average risk for colorectal cancer should have regular screening tests. Breast cancer detection guidelines suggest yearly mammograms for all women ≥ 40 years.

Study Design: The BRFSS is a state-specified, population-based, random telephone survey.

Study Population: SPSS/SUDAAN were used to calculate weighted prevalence estimates by age group and race ethnicity among women ≥ 40 for mammography and among women ≥ 50 for colorectal screening in 1999.

Findings: Overall, over 70% of women ≥ 40 have had a mammogram within the past two years in all three race/ethnic groups. There was a curvilinear effect by age, with the percentage of women having been screened in the past two years dipping under 70% in the youngest (40-44) and oldest (80+) groups. A total of 42% white women, 38% of black women, and 33% of Hispanic women ≥ 50 reported having ever had a sigmoidoscopy or colonoscopy, with variation by age in each group.

Conclusions: Our findings suggest that regardless of race/ethnicity most U.S. women follow the recommended guidelines for mammography screening, although the prevalence is slightly lower for the youngest and oldest age groups. Conversely, a majority of women do not receive screening for colorectal cancer and there is marked variation by age group and race/ethnicity.

Implications for Cancer Prevention & Early Detection: Results indicate that health education tasks for these two screenings should take different tacks. Colorectal cancer screenings should be promoted among general audience of women ≥ 50 . Mammography promotion can take more targeted approach given the relatively high levels of screening.

Abstract No.: 1098 (POSTER #16)

For Patients Pursuing Watchful Waiting for Prostate Cancer, Clinical Stage, Gleason Grade, and PSA Level have Greatest Impact on Disease-Free Survival

Authors: Vanasupa, B.; Wu, H.; Desai, A.S.; Sun, L.; McLeod, D.G.; Foley, J.; Lance, R.; Kusuda, L.; Kane, C.; Amling, C.; Moul, J.W.

Objective: Participants will be able to evaluate watchful waiting as a viable treatment option for prostate cancer.

Purpose: To determine which clinical factors display a significant correlation with improved disease-free survival (DFS) in patients choosing watchful waiting (WW) for prostate cancer.

Methods: Of 1753 prostate cancer patients treated in Walter Reed Army Medical Center, 219 (12.5%) chose WW as primary treatment. Age at diagnosis, ethnicity, diagnostic PSA level, clinical stage and Gleason grade underwent univariate analysis to identify characteristics associated with the WW group. The Kaplan-Meier method was used to determine DFS of the WW group.

Results: The WW patients tended to be >75 years of age, PSA levels between 4.1-10.0, clinical stage T1, and have well-differentiated Gleason grade at biopsy ($p < 0.001$). With a mean follow-up period of 95.8 months, 19 (7.8%) started secondary treatment, 4 (1.6%) developed bone metastases, 63 (25.9%) died from causes other than prostate cancer, 5 (2%) died from unknown causes, and none from prostate cancer. Overall DFS was 85% at 10 years. Clinical stage T1, well-differentiated Gleason grade at biopsy, diagnostic PSA levels $< \text{or} = 4.0$, and age < 65 were all associated with improved 10 year DFS ($p < 0.05$). Ethnicity of patients showed no significant association ($p = 0.056$).

Conclusion: Older patients with low clinical stage, diagnostic PSA levels between 4.1-10.0, and well-differentiated carcinomas tended to choose WW. All pre-treatment factors except age and diagnosis PSA were associated with improved DFS. Decreased age and PSA levels $< \text{or} = 4.0$ had better DFS.

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Abstract No.: 1099 (POSTER #20)

The Center for Prostate Disease Research Multicenter Prostate Cancer Database: A Retrospective Look at the Epidemiology Trends of the Last Decade

Authors: Moul, J.W.; Sun, L.; Wu, H.; Desai, A.S.; Kane, C.; Lance, R.; Kusuda, L.; Foley, J.; Herring, J.; Baldwin, D.; Soderdahl, D.; Bishoff, J.T.; McLeod, D.G.

Objective: Participants will better understand the importance of PSA as a screening tool for prostate cancer.

Purpose: To analyze the trend of demographic data, and stage migration of radical prostatectomy cases in the first decade of PSA availability.

Methods: Out of 3108 patients receiving radical prostatectomies, 2699 of them were operated between 1990-2000 and selected from CPDR Database for this study. Age groups, ethnicity, diagnostic, ratio of positive biopsy cores/negative biopsy cores (>50% and <50%), tumor differentiation, clinical and pathological stage and status of capsule and margin were analyzed based on sequential calendar year.

Results: The number of patients < or = 60 years of age increased from 18.6% in 1991 to 40.7% in 2000. The ratio of the two ethnic groups (Caucasian vs. African-American) was not changed significantly (81.2% vs. 18.9% in 1990 and 78.8% vs. 21.2% in 2000). Pre-treatment PSAs between 4-10 increased from 32.5% in 1990 to 60.9% in 1996, and was stable thereafter. The percentage of biopsy core ratio > 50% positive dropped from 1991 to 2000 (57.9% vs. 21.6%). Detection rates of clinical stages changed from 16.3% (T1) VS 82.2% (T2) in 1990, 55.6% (T1) vs. 43.8% (T2) in 2000.

Conclusions: The overall age at diagnosis has decreased. The trend of younger diagnostic age, lower pretreatment PSA level and T stage, and less cases with > 50% positive core ratio indicate an earlier detection of the prostate cancer.

Abstract No.: 1100 (E2)

Geographic Differences in Primary Therapy for Locally Invasive Breast Cancer

Authors: Gregorio, David I.; Kulldorf, M.; Barry, L.; Samociuk, H.; Zarfes, K.

Session Objective: To evaluate geographic differences in the delivery of clinical services to breast cancer patients.

Background and Purpose: Breast-conserving surgery may not be informally available to all women. We evaluated geographic differences across Connecticut, along with rates of auxiliary lymph node dissection (AND) and adjuvant radiation therapy (RAD) among women who received partial mastectomy as their surgical treatment.

Study Design: Cross-sectional analysis of place of residence and treatment of cancer patients.

Study Population and Setting: The Connecticut Tumor Registry recorded 9,106 cases of early disease (using AJCC criteria) for 1991-95. Of these, 8,795 records noted exact coordinates for place of residence and initial form of therapy that women received.

Method of Analysis: A spatial scan statistic, calculated using SaTScan software, was used to detect geographic differences in treatment rates across the State.

Findings: Statewide, 57.7% of locally invasive cases were treated by partial mastectomy. Women living around New Haven were less likely than others to be treated in that manner (49.6%; $p=0.0001$); those living around Norwalk had a high treatment rate (72.7%; $p=0.0001$). Among partial mastectomy cases, a lesser proportion of AND procedures was observed for those originating from a large area of Southwestern Connecticut (59.6% vs. 67.3% statewide; $p=0.0001$), while a greater rate of AND was observed across North Central Connecticut (75.8%; $p=0.0001$). Reported use of RAD among cases around Danbury was less common than elsewhere (25% vs. 61.9%, $p=0.0001$), whereas RAD was more common among cases around Hartford (70.2%, $p=0.0001$).

Conclusion: Geographic analysis is a way for physicians and health officials to identify groups of women who may not yet benefit from preferred surgical procedures.

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Abstract No.: 1101 (D6)

EPA's SunWise School Program: Understanding Risk and Improving Children's Health

Authors: Geller, Alan; Rosseel, Kevin; Kenausis, Kristin

Session Objective: Participants should be able to discuss the environmental concepts related to ozone depletion, sun exposure, and health effects from overexposure, and describe how schools and teachers can play a major role in protecting children by teaching safety behaviors.

Program Purpose: The SunWise School Program combines teaching about sun protection with lessons on health and environment to facilitate sustained sun-safe behaviors among children.

Assessment of Need: Melanoma, the most fatal form of skin cancer, is rising at a faster rate than all but one cancer in the US. Childhood exposure to the sun, as well as simple sun safety practices. Each school receives a classroom "Tool Kit" containing lessons, games, songs, puzzles, storybooks, and more. Sample sun safety policies and guidelines for teachers, parents, and administrators are also available in the Kit.

Evaluation Approach: An 18 question, self-administered survey was completed by students (median age 10) in the classroom prior to and after the implementation of Sun Wise. Pretests (n=2,111) and posttests (n=2,091) were completed in 40 schools.

Program Outcomes: Significant improvement was noted for all three knowledge variables. Intentions to play in the shade increased from 70% to 77% (pretest to posttest) with more modest changes in intentions to use sunscreen.

Implications for Practitioners: Results from the SunWise School Program pilot phases indicated sun protection education can be effective and easily integrated into the classroom.

Abstract No.: 1102 (D3)

Testing for Colorectal Cancer Among an Insured Population of General Motors Corporation, 1995-1999

Authors: Varghese, R.; Ahmed, F.; Friedman, C.

Session Objective: At the end of this session, participants will be able to describe the differential receipt of colorectal cancer screening tests among different insurance plans.

Background and Purpose: Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the US, yet CRC screening is underutilized. Information is lacking regarding receipt of CRC screening services in fee-for-service (FFS) and preferred provider organization (PPO) insurance plans.

Study Design: A retrospective cohort study using linked health claims and personal data from 1995-99.

Study Population and Setting: 50-64 year old FFS and PPO enrollees eligible for any CRC screening with fecal occult blood testing or sigmoidoscopy or colonoscopy or double contrast barium enema (N=284,697).

Methods of Analysis: Rates for receipt of any CRC screening test were determined for the study population. Odds ratios (ORa) were adjusted for plan type, age cohort, gender, pay type, retirement status, and marital status using logistic regression.

Findings: Among the study population, 32% received CRC screening tests of any type within the previous 5 years. PPO enrollees were more likely to receive testing than FFS enrollees (ORa =1.54; 95% confidence intervals [CI] = 1.51, 1.57). Salaried enrollees were more likely to receive CRC testing than hourly enrollees (ORa= 1.63; 95% CI=1.60, 1.67). Women were less likely to receive CRC testing than men (ORa= .89; 95% CI= .87, .90).

Conclusions: Overall, the rate of receipt for any CRC testing is low among insured persons, especially among FFS compared with PPO enrollees.

Implications for Cancer Prevention and Early Detection: Corporate purchasers should align health benefit packages and incentives to increase CRC screening among enrollees.

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Abstract No.: 1103 (D5)

Expanding the Boundaries of Patient Education: A Digital Cancer Prevention Education Center

Authors: Fleisher, Linda; Raivitch, Stephanie; McKeown-Conn, Nancy; Martinez, John

Session Objective: To describe the process and challenges of establishing a digital cancer prevention education center.

Program Purpose: The overall goals of the Resource and Education Center (REC) are to integrate service and research, and to provide accurate, evidence-based information focused on cancer prevention using the latest in information technology.

Assessment of Need: Recognizing an increasing need for access to reliable cancer prevention information in the midst of the Information Age, a multi-departmental advisory committee at Fox Chase Cancer Center (FCCC) conceived and developed the idea for the REC.

Strategies: To achieve its objectives, the program: 1) provides information directly to FCCC clients through electronic media, Internet and health education resources with guidance from trained, professional staff, 2) refers visitors to other FCCC services and research projects and, 3) implements cancer communications and education research.

Evaluation Approach: Evaluation of the REC is comprehensive and multi-faceted. Visitors are asked to complete a survey that evaluates their satisfaction with both the information as well as the service they receive from staff. All resources are evaluated, including websites. Internet sites that have been reviewed with an instrument validated for accuracy, timeliness, and credibility are bookmarked for easy access.

Program Outcomes: Since its opening in November 2000, 568 people have visited that REC. User surveys are positive about the level of service, the quality of information and the resources provided. Research within the REC is in development.

Implications for Practitioners: Today's emphasis on cancer prevention combined with a surge in the number and variety of ways to access such information demand innovative approaches to assure helpful, relevant, accurate information. A multi-disciplinary center like the REC is one such approach.

Abstract No.: 1104 (E5)

Changes in Clinical Practice Among Primary Care Providers After Attending a Conference on Cancer Prevention and Early Diagnosis

Authors: Tejada, Francisco; Salvatierra, Jorge; Trapido, Edward; Parker, Dorothy

Participants will be able to describe a professional education strategy aimed at increasing cancer knowledge and changing screening practices of primary care physicians.

A two-day conference for primary care physicians and other professional was held at the Cedars Medical Center in Miami in January 2001. The program included didactic sessions, questions and answer periods, and roundtable discussions on the natural history of cancer, risk factors, early detection and screening guidelines, and the role of community physicians in health promotion. Speakers included national and local experts. The goal was to promote the use of early detection and screening methods to reduce the percentage of late stage cancers that remain high in many underserved communities. Sixty-eight participants completed initial and exit questionnaires to measure beliefs, knowledge, and practices relating to early diagnosis and screening, and their involvement in community cancer control. Follow-up questionnaires are being mailed to participants at three-month intervals for one year to assess the application of knowledge gained at the conference and changes in clinical practice. Analysis of the initial questionnaires shows that 70% of physicians characterize cancer as a "chronic disease, treatable, curable and preventable," 50% associate cancer with "habits, customs and behaviors," 70% claim to practice and involve staff in "early detection and screening," 70% know that cancer therapy is "local and systemic," and 90% believe cancer therapy is "worse than the disease." Results of the follow-up surveys will be presented to assess changes in beliefs and practice. Implications for future professional education strategies will be discussed, including venues for imparting knowledge other than continuing education conferences.

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Abstract No.: 1106 (E3)

Regional Cancer Control Collaborative in Florida: Expanding the Planning Process

Authors: Parker, Dorothy; Domlesky, Janine; Williams, Anson; Trapido, Edward

Participants will describe the process of establishing regional cancer control collaboratives that participate in developing regional cancer control plans in Florida.

Past cancer control planning in Florida was done at the state level by an appointed advisory board. The Florida Comprehensive Cancer Control Initiative (FCCCI) is moving the process forward by developing regional plans, involving a broader group of partners in a collaborative manner (Himmelman model) with implementation and evaluation components. The state was divided into four regions and potential partners from each region were invited to participate in the planning and/or implementation phase. At the first meeting of each regional collaborative, an overview of comprehensive cancer control was presented, promoting the collaborative approach. County-level data were presented and task forces were created. A modified "oval mapping" technique was used for consensus on the benefits of collaboration and to identify key issues, opportunities and barriers. At the second meeting, partners are asked to prioritize critical issues and propose strategies to address them. Qualitative and quantitative methods were used to evaluate the process and outcome of the collaborative approach. Questionnaires completed before and after the first meeting ask about attitudes toward and perceived value of collaboration, the number of collaborative efforts between partners, and the effectiveness of a collaborative planning process in terms of implementation. Four regional cancer control plans will be developed with input from a network of cancer control partners. An increase in the number of partners/stakeholders and a more comprehensive approach are anticipated to fill gaps in services and unmet needs. Implications for other states involved in cancer control planning will be discussed and lessons learned from the broad-based partnership strategy will be presented.

Abstract No.: 1107 (POSTER #17)

Whole-Mounted Radical Prostatectomy Specimens Both Increase Detection of Extra-Capsular Disease and Improve Prediction of Disease-Free Survival

Authors: Desai, A.S.; Wu, H.; Sun, L.; Sesterhehn, I.A.; Mostofi, F.K.; McLeod, David; Moul, J.W.

Objectives: At the end of the session, participants will be able to evaluate the added efficacy of the whole-mounting techniques as compared to the partial-sampling pathological technique.

Purpose: To evaluate the efficacy of the whole-mounted radical prostatectomy specimen processing in prediction of clinical outcome as compared to the more traditional partial-sampling techniques.

Methods: 249 radical prostatectomy (RP) specimens were whole-mounted and step-sectioned at 2.25 mm. A group of 737 radical prostatectomy specimens were partially sampled as control. The RPs were performed during 1993-99 with a mean follow-up of 29.3 months, pretreatment -PSAs of 0.1 - 40, and biopsy-Gleason sums of 5-8. Disease-free-survival rates based on biochemical or clinical recurrence and secondary intervention were computed using a Kaplan-Meier analysis.

Results: There were no significant differences in age, race, pretreatment-PSA, or biopsy-Gleason between the two groups ($p < 0.05$). Compared with the partial-sample group, the whole-mount group showed higher detection rates of extra-capsular invasion (217(34%) vs. 128 (55.4%), $p < 0.01$), seminal vesicle invasion (52(7.8%) vs. 35(14.7%), $p < 0.01$), and positive margins 197(.2%) vs. 84(35%), $p = 0.089$. The whole mount group showed a significant improvement in three-year disease free survival in organ confined ($p = .33$) or positive margins ($p = 0.07$) were found between the whole mounted and partially sampled groups.

Conclusions: The whole-mount technique results in better disease-free survival rates for organ and specimen confined cases, possibly due to higher detection rates of extra capsular extension and seminal vesicle invasion. Whole-mount processing provides better assurance of organ-confined disease, resulting in enhanced prediction of outcome by pathological (TNM) stage. This change should complement our abilities to diagnose patients with prostate cancer at earlier stages in the disease.

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Abstract No.: 1108 (POSTER #18)

Pathological Understanding in Radical Prostatomy Specimens Exposed by use of the Whole-Mount Technique

Authors: Desai, A.S.; Wu, H.; Sun, L.; Sesterhenn, I.A., Mostofi, F.K.; McLeod, D.G.; Moul, J.W.

Objective: Participants will be able to evaluate the degree of understating present in our current pathology techniques.

Purpose: This study aimed to assess whether the whole mounting (WM) of radical prostatectomy specimens (RPS) provides a more accurate pathological staging than the traditional partial sampling technique (NWM).

Methods: Of 1634 radical prostatectomy cases between 1993-99 in CPDR Database, 500 RPs were processed at the Armed Forces Institute of Pathology as whole mounts and step-sectioned in 2.25 mm slices. The remaining 1134 RPS were partially sampled. Stages from T1a-T4c were assigned number values from 1 to 10. The numerical value assigned to the clinical stage was subtracted from that assigned to the pathological stage, and the difference was used as a measure of pathological under and overstating.

Results: Compared with the non-whole-mount group, the whole-mounted group showed significantly higher detection rates of T2c disease (43.8% vs. 36% $p<0.001$) and T3 disease (47% vs. 39%, $p<0.01$). The whole-mount group showed significantly less T1 disease (.2% vs. 2.7%).

The whole-mounted group showed a significantly higher stage difference than the non-whole-mount group. The whole-mount group had statistically greater amount of stage differences of 4-9 (32% vs. 21.5%, $p<0.00$). The converse was true as well, with the whole -mount showing less cases with the pathological stage equal to or less than the clinical stage (7.0% vs. 18.3%).

Conclusions: The whole-mounting process consistently increased the proportion of higher staged RP cases, independently, and when compared to the pre-surgical clinical staging. The whole-mounting of radical prostatectomy specimens results in increased detection of pathologic features. Detection of these features allows for more accurate assessment of disease status.

Abstract No.: 1109 (POSTER #19)

Multifactorial Analysis of Disease-Free Survival of Prostate Cancer Patients With and Without Capsular Involvement: The Impact of Age, Ethnicity, Gleason Sum, Seminal Vesicle, and Lymph Node Involvement.

Authors: Wang, T.; Sun, L.; Wu, H.; Desai, A.S.; Vanusupa, B.; Herring, J.; Bishoff, J.T.; McLeod, D.G.; Moul, J.W.

Objective: Participants will be better able to identify risk factors for progression in patients with prostate cancer.

Purpose: Capsular status of patients with prostate cancer has had a proven impact on the survival outcome. Given the presence or absence of capsular invasion, this study evaluates the effects of various demographic and pathological features on disease-free survival (DFS).

Methods: 2323 cases of radical prostatectomy with a mean follow-up period of 57.1 months from CPDR Database were based on the following parameters. 1. Ethnicity; 2. Age; 3. Clinical Stage; 4. Pathological stage; 5-6. Clinical and Pathological Gleason sum; 7. PSA level; 8. Surgical margin status; 9. Seminal vesicle status; and 10. Lymph node status. 795 (32.4%) tumors had capsular involvement and 143 patients received neo-adjuvant hormonal therapy. Kaplan-Meier disease-free-survival analyses were then performed.

Results: Patients without capsular involvement had significantly longer DFS than those with capsular involvement (80% vs. 55% and 68% vs. 38% at 5 and 10 years, $p<0.05$). Within the negative capsule group, African-American ethnicity, high pathological stage, high Gleason sum, positive surgical margins, and positive seminal vesicle and lymph nodes significantly reduced DFS ($p<0.05$). Shortened DFS in capsule-positive patients was associated with African American ethnicity, high pathological Gleason sum, and positive seminal vesicle and lymph node ($p<0.05$).

Conclusions: Overall DFS of capsule-negative patients was superior to that of patients with capsular involvement. Ethnicity, stage, Gleason sum, margin and node status did adversely affect DFS of capsule negative patients. DFS in the positive capsule group was associated to with ethnicity, Gleason sum, and seminal vesicle/lymph node status. Age at diagnosis is not a detrimental factor for either prediction of DFS or capsule status.

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Abstract No.: 1111 (E3)

Integrating Science into Comprehensive Cancer Control Planning: Maximizing Resources in West Virginia

Authors: Allen, Amy Reasinger; Goldcamp, Michael; Brown, Pamela

Session Objective: Participants will be able to discuss the role of partnership in bringing scientific information to the comprehensive cancer control planning process.

Program Purpose: The objective of the Mid-Atlantic Cancer Information Service (CIS) partnership with the West Virginia Comprehensive Cancer Control Coalition (WVCCC) is to incorporate evidence-based information available through the National Cancer Institute in support of the coalition's endeavors.

Assessment of Need: West Virginia exhibits a disproportionate burden of cancer incidence and mortality. Although no funding is currently available for comprehensive cancer control program planning in WV, the CIS is able to provide necessary information to the coalition as a component of its regular services.

Strategies: In addition to providing a link to a variety of health organizations and researchers, the CIS provides scientific information that assists the WVCCC in targeting its efforts. The CIS provides unique demographic and health information to identify strategies to address the cancer burden in West Virginia. In addition, the CIS brings the coalition an in-depth knowledge of recent developments in treatment options and facilitates opportunities for sharing that information in the community. These activities serve to strengthen the state's ability to meet the needs of its constituency.

Evaluation Approach: Program success is measured by the consistency of West Virginia's cancer plan with states Healthy People 2010 objectives and the reliance of the plan on scientific data sources.

Program Outcomes: Program outcomes include the reciprocal relationship between the CIS and the WVCCC and the prevalence of evidence-based information in the West Virginia cancer plan.

Implications for Practitioners: The adherence to the most recent, scientific recommendations related to cancer prevention and early detection will benefit the WVCCC. In addition, practitioner utilization of scientific educational resources will be maximized.

Abstract No.: 1112 (POSTER #09)

Focus Group Findings on Black Women's Attitudes About Breast and Cervical Cancer

Authors: Bigby, Judy Ann; Johnson, Natacha; REACH Boston 2010 Coalition

Session Objective: To describe findings from focus groups investigating knowledge, attitudes, and beliefs about breast and cervical cancer among Boston's Black women.

Background and Purpose: Age-adjusted breast cancer mortality rates for 1995-97 were 24/100000 for Black women and 21/100000 for white women. Cervical cancer mortality rates for Black women were 6.4 compared to 2.2 in white women. The focus groups were conducted as part of needs assessment to identify ways to address the higher mortality rates in black women.

Study Design: Focus group questions addressed individual and institutional barriers to screening and treatment, knowledge, attitudes and beliefs and suggestions for improving healthcare systems for breast and cervical cancer prevention and management. Participants answered questions in facilitated discussion groups of 6-12 women.

Study Population and Setting: Forty-eight women (African American, Somali, Haitian, and Caribbean/West Indian) ranging in age from 18-73 participated in the focus groups held in various community settings.

Methods of Analysis: Focus groups were audio taped. The tapes were transcribed. A factor analysis was conducted to identify major themes.

Findings: Participants identified the following barriers to screening and care: poverty, mistrust of the medical community, logistical issues, lack of insurance, language barriers, fatalism, and denial. Women also report that providers do not perform clinical breast exams, recommend mammograms, or explain screening procedures. Women identified the need for more culturally competent providers as a method to address disparities.

Conclusions: System changes, provider education, and community outreach are necessary to address disparate mortality rates.

Implications for Cancer Prevention and Early Detection: These data suggest that educating women about risk factors and appropriate follow up is necessary. Culturally competent providers are important in prevention and management strategies.

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Abstract No.: 1114 (D2)

Factors that Support and Hinder Survival Among Native Hawaiians with Cancer

Authors: Braun, Kathryn L.; Mackura, Gayle

Session Objective: Participants will be able to: 1) describe factors that support or hinder survival among Native Hawaiians with cancer and 2) outline how focus groups can be used to gather information to help programs set priorities and design activities.

Background and Purpose: To gather information from Native Hawaiian cancer survivors about their experience with cancer diagnosis, treatment, and recovery.

Study Design: Eight focus groups were conducted statewide in 2000. Each participant completed a demographic survey.

Study Population and Setting: In all, 45 adults participated in focus groups. Group size ranged from 3 to 12 participants, with an average of 6. Of the 45 participants, 80% were female, the average age was 58 years, and 66% had been diagnosed with cancer in the last 10 years.

Method of Analysis: Focus groups transcripts were coded by 3 readers for major themes. Survey data were analyzed in Epi Info.

Findings: Survivors demonstrated : 1) a high level of personal strength and determination to live; 2) reliance on God; 3) reliance on family; 4) proactive health behavior regarding screening, diagnosis and treatment; 5) good access to health information, professional, and facilities; 6) trust in specific health professionals; 7) perseverance in overcoming obstacles to access (including transportation, specialists, facilities, and support services); and 8) desire and action to help others around cancer. Obstacles to survivorship included delayed diagnosis by healthcare professionals and no/poor information.

Conclusions: Like survivors of other ethnicities, Native Hawaiian survivors report good access to internal resources, social support, and healthcare.

Implications for Cancer Prevention and Early Detection: Although findings were not surprising, focus groups proved meaningful to participants and findings stress the importance of resource development and individual support.

Abstract No.: 1115 (POSTER #14)

'Imi Hale: Establishing an Inheritance for Native Hawaiians on Cancer Awareness, Research and Training

Authors: Mokuau, Noreen; Tsark, JoAnn; Chong, Clayton

Objectives: Participants will be able to identify factors that contribute to successful engagement of indigenous populations in cancer awareness, research, and training. Also, describe activities that support community-based cancer awareness, research, and training for special populations.

Program Purpose: To reduce cancer incidence and mortality among Native Hawaiians through the establishment of a sustainable infrastructure to 1) promote cancer awareness within Native Hawaiian communities, and 2) initiate cancer research, training, and control activities.

Assessment of Need: Native Hawaiians experience disproportionate cancer incidence and mortality rates. 'Imi Hale- the Native Hawaiian Cancer Awareness, Research, and Training Project, a 5-year project funded by the NCI, is aimed at reducing the burden of cancer among Native Hawaiians. 'Imi Hale is community-based emphasizing community participation, respect for cultural values, and the sharing of information.

Strategies: Cancer awareness activities include focus groups to explore the perceptions and experiences of cancer survivors, surveys to assess research priorities, the identification of indigenous researchers and the development of pilot research projects.

Evaluation Approach: Evaluation includes community focus group, surveys, and IRB review and community committee reviews.

Program Outcomes: A sustainable infrastructure that generates cancer awareness activities specific for Native Hawaiians, and develops a cadre of Native Hawaiian researchers in cancer.

Implications for Practitioners: The information from 'Imi Hale's cancer prevention and early detection strategies for Native Hawaiians. This information is disseminated in public presentations and publications, both locally and nationally.

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CONFERENCE ABSTRACTS

Abstract No.: 1116 (D7)

Keys to Success: A Mobile Breast Screening Program - Mammogram of Delaware

Authors: Katurakes, Nara C.; Ross-Tilley, Kim

The participant will be able to: List at least three strategies utilized for a successful mobile breast-screening program.

In 1991, Delaware had one of the country's highest breast cancer death rates per capita. For nearly ten years, Mammography of Delaware (MOD), a joint program between the state's Department of Health and Social Services Division of Public Health and Christiana Care Health Services has successfully provided breast health education and mobile screening services to women throughout the state. The MOD program performs an average of 350 mammograms per month to an annual total of over 36,000. Approximately 20 cancers are detected per year with 80% found at the earliest stage. The program targets women with higher than average risk factors for breast cancer including minority women, older women, women with financial, transportation or service access barriers. A team of professionals and volunteers works jointly with advisory groups and the Screening for Life staff to review the state tumor registry data (and other data sources) and design an outreach plan with goals for van usage. The Program Manager and staff coordinate the van location, education programs and scheduling. Partnership development and collaboration with groups such as Screening for Life strengthen the outreach efforts and provide a foundation for this program. Over 240 screening sites are included in the program. MOD has established a positive image by its consistent presence at agencies, work sites, special events and most recently faith communities. Current measures include monthly tracking of the number of women screened (actual vs. scheduled and no show rate), van utilization usage per county (percentage) and analysis of the participants demographics. Program progress has been positive and is a model for practitioners to consider when designing and implementing an early detection and screening program for their community.

Abstract No.: 1118 (E7)

Providing Women's Health Screening to American Indian Women

Authors: Foss, Mary Ann; Saylor, Joyce; Fitzpatrick, Rinissa

Objects: Following this session, participants will be able to discuss collaboration with multi-level agencies, community organizations and healthcare providers to provide comprehensive Women's Health Screening Days for American Indian Women.

Purpose: Women's Health Screening "one-stop shopping" eliminates many barriers that prevent American Indian women from receiving breast and cervical cancer screening services.

Need: Since the closest mammography unit is 90 miles away from Standing Rock Indian Health Services, non-compliance was greater than fifty percent. Other needs include education on preventive health transportation, and use of female health providers.

Strategies: Establishing partner relationships and building trust came first by planning for the "one-stop shopping" event. Women are sent invitations, the local Indian radio station provided special talk shows and public services announcements. On-site mammography, transportation, education and incentives were offered to the women.

Evaluation: Numbers of all women screened and breast cancer screening tests are compared on an ongoing basis. Providers and participant evaluation enable provision of continually improved services.

Outcomes: Screenings have grown from a one-day event serving 57 total women in 1998 to two-day events occurring 4 times a year. Services were provided to 226 women in 2000. The collaborative effort and partnerships developed with Standing Rock IHS, Standing Rock Tribal Health, the North Dakota Department of Health Women's Way, Custer District Health Unit, local colleges of nursing, local private business and community volunteers provides needed healthcare to women not ordinarily seeking preventive health services.

Implications: Similar events are now taking place all around North Dakota including other reservations, rural and urban settings. This model also has been shared with other National Breast and Cervical Cancer Early Detection Programs.